SOME OBSERVATIONS ON THE TRANSFORMATION OF INSTINCTS

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I

A few years ago my curiosity was aroused by an apparently chance remark made by a woman patient in describing her reactions to coitus: she was telling of the disappointments to which her husband had subjected her for many years and said that she *always* cried immediately upon completion of the sexual act. It was the word *always,* used as if inadvertently, that attracted my attention. As the patient was relating her difficulties in attaining sexual gratification with her husband, who according to her frequently suffered from *ejaculatio præcox,* was otherwise 'too quick', or occasionally lost his erection during the sexual act, she wept. She was soon sobbing and it was between spasms of sobbing that she let slip the remark that she *always* cried after intercourse. She explained this crying as she did her sobbing in that analytic interview: she was disappointed, she said, and distressed because she was doomed never to experience true sexual joy, and she felt hopeless. While the explanation sounded reasonable, the word *always* gave it a tinge of incongruity, of neurotic repetitiveness, which cast a legitimate suspicion on the patient's conscious formulation.

This patient was the mother of three children. Her husband, some fifteen years her senior, had not always been afflicted with sexual inefficiency; yet, even during the years of his potency, the patient had also failed to experience a vaginal orgasm and had always cried following the sexual act. For years, particularly since she had noticed her husband's sexual strength failing, she wished to find a lover. Her social contacts were numerous and agreeable, many men were willing and ready to offer their attentions; yet she always recoiled from a

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possible love affair. Instead, she went through periods of clitoral masturbation during which she experienced intense sexual excitement accompanied either by a sense of hate or by a feeling of anxiety. She cried at the moment of having an orgasm even when it was induced by her own manual masturbation or by the friction of her husband's penis against her clitoris.

Her illness, of many years' standing, was an old and badly mismanaged compulsion neurosis in a complicated personality. The whole fabric of her psyche as it presented itself clinically left no doubt as to her anal sadistic impulses, vindictive attitude towards men, deeply ambivalent fixation on her father and a number of constellations around the primal scene—the nucleus of her sado-masochistic orientation to life.

As in many frigid women, the castration complex (of the vindictive type) occupied the foreground of her unconscious sexual reactions. Her narcissism, the phallic *niveau* of her sexual development and the deep regression to the anal sadistic level together with her feeling of hate at the moment of autoerotic gratification, her extremely aggressive exhibitionism combined with frequent spells of bitter crying during which one always sensed hate rather than defeat, all led to the assumption that tears played a definite economic rôle in the sexual life of this woman. Without obscuring the issue with too much detail, let me state simply that her spells of crying frequently, if not always, seemed to take the place of a neurotic, symbolic, substitutive, masculine orgasm. No other plausible interpretation suggested itself at the time or since; [1] moreover, when this interpretation was presented to the patient it appeared to exert a certain therapeutic effect and seemed to propitiate the further growth of insight into some of her major psychosexual conflicts. Hers was a rather inelastic personality. She had been

[1] Karl Abraham found in one of his cases of similar compulsive crying that the abundant shedding of tears represented an unconscious gratification of the wish to urinate like a man. Cf. Abraham, Karl: A Short Study of the Development of the Libido, Viewed in the Light of Mental Disorders (1924), in his *Selected Papers*. London: Hogarth Press, 1927.

ill for almost fifteen years before coming to analysis, was for a time institutionalized, and began now to show definite signs of chronicity. A series of unfortunate occurrences prevented the continuation of her analysis for an extended period, and I was never able either to corroborate, refute, or supplement my hypothesis.

It often happens that once a certain symptom makes an impression, the physician develops a degree of watchfulness which enables him to observe similar symptoms or their variations in other patients—symptoms which otherwise might have been entirely overlooked. Thus in the course of a few years, several women patients were found to have the same tendency to cry immediately after the sexual act. Singularly enough, while crying at a given moment was a symptom common to all, as was a feeling of hate, not all of these women were frigid. Some had periods of frigidity irregularly alternating with periods of normal sexual response; others never failed to have an orgasm. Since the failure to have an orgasm did not seem to be the absolute prerequisite of the crying spells, one was led to think that these were either independent of frigidity and its underlying conflicts, or that the crying spells played a varying rôle in the sexual lives of frigid and non-frigid women. The element of conscious hate, though not always consciously directed against a particular person or thing, was always present. Another detail manifested by at least three patients of variable frigidity soon became apparent: during the sexual act, if the penis was in motion, sexual tension—normal in the phase of forepleasure—diminished or even disappeared; but if the partner stopped moving and remained absolutely still, sexual tension returned, rhythmical contractions of the vaginal musculature set in, and a normal vaginal orgasm ensued (one of these patients suffered occasionally from vaginismus). Feelings of hate, frequently coupled with a sense of tearfulness, mounted as soon as the penis began its withdrawal and were experienced regardless of whether an orgasm was attained by the woman or not. Signs of anxiety and a horror mixed with

hate were present on many occasions. As these analyses proceeded, murderous wishes came to the fore.

The traditional views entertained in these matters are based on the contributions regarding anality and the feminine castration complex made by Freud and Abraham: the clinical manifestations of compulsion neuroses, like those referred to above, are usually correlated with these contributions and then the specific psychic constellations at play are reviewed. According to Freud and Abraham, feminine sexuality, during its development and until it attains full growth in feminine adulthood, has as its central problem the phallic phase and the regressive anal sadistic constellations around the varieties of penis-envy. We may say now as Freud did a little over twenty years ago in The Transformation of Instincts with Special Reference to Anality: 'One would think that there could be no lack of material from which to provide an answer [to our problem], since the processes of instinctual transformations in question must have taken place in all persons undergoing analysis. Yet the material is so obscure, the abundance of ever recurring impressions so confusing, that even now I am unable to solve the problem fully and can only contribute a part towards its solution.' We all humbly share this confusion with Freud, but very few of us can boast of making any truly significant contribution to the solution of the problem. Yet this does not prevent our attempting to reconsider the data with which we are generally familiar in a somewhat different light and, perhaps, to add some details to the picture already known.

In reviewing the transformation of instincts with special reference to anality, Freud offered the following diagram: (Figure 1.)

II

It is evident from this diagram that an anal sadistic regression strong enough to engulf a girl during the phallic phase might produce all the familiar manifestations of compulsion neurosis and frigidity. As a matter of fact, the most recent

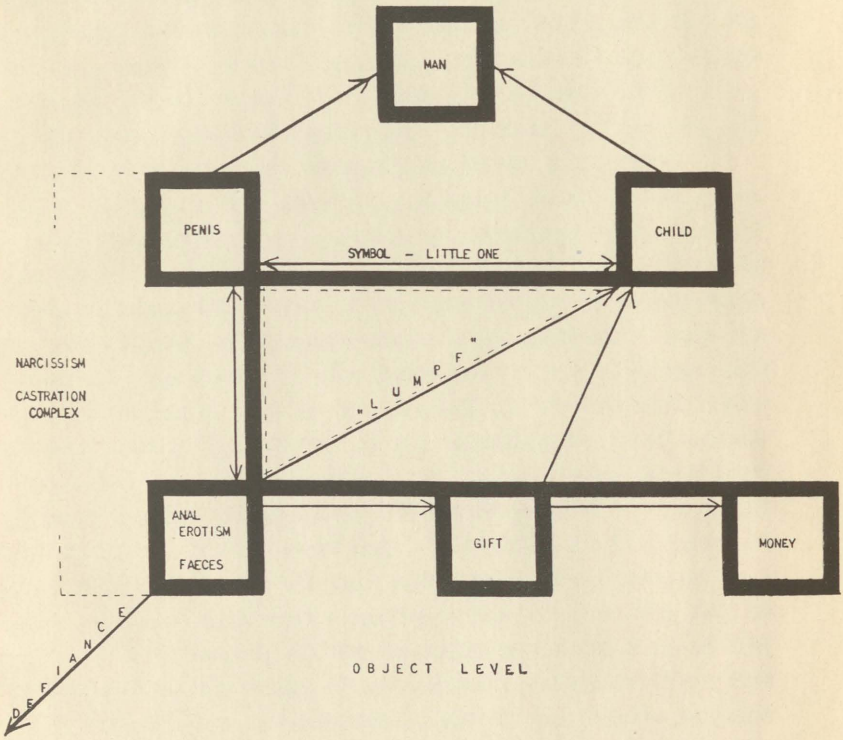
MAN
PENIS
CHILD
SYMBOL - LITTLE ONE
NARCISSISM
CASTRATION COMPLEX
"LUMPF"
ANAL EROTISM
FAECES
GIFT
MONEY
DEFIANCE
OBJECT LEVEL

FIGURE 1

contribution to the problem of frigidity, a monograph by Hitschmann and Bergler [2], deals primarily with the anal sadistic aspects of the feminine castration complex and is conspicuous for its deliberate omission of any other causative or determining factors. After cataloguing over two dozen types of frigidity—all tinged or suffused with regressive anal sadistic elements—the authors state: 'There are also very complicated, orally determined forms of frigidity, but the presentation of these cases would exceed the framework of our book'. Not only the presentation of these cases but even any theoretical suggestion as to the orally determined forms is lacking.

There appears to be something singular in the scant attention paid by psychoanalysis to these so-called orally determined forms of neurotic reactions and their rôle in the development of feminine sexuality. Oral drives are frequently mentioned: they are referred to in connection with catatonia; they are assigned a general rôle in the formation of the superego and an equally general rôle in the etiology of depressions; their presence is also recognized in the manifestations of certain perversions. But there would seem to be something disproportionate in the emphasis of our study of anal as compared with our study of oral reactions. It is difficult, of course, to detect fully the reasons for our unquestionable resistance to a deeper study of oral drives—perhaps the trouble lies not so much in our resistance to the recognition of them as in our predilection for the study of anal drives. However this may be, the deficiency is obvious and is not by any means peculiar to the authors of the monograph, Frigidity in Women: Its Characteristics and Treatment. A remark of Baudelaire [3] seems very *à propos*: *'Un autre médecin me dit pour toute consolation que je suis hystérique. Admirez-vous comme moi l'usage élastique de ces grands mots bien choisi pour voiler notre ignorance de toute chose.'* ('Another doctor, for my

[2] Hitschmann, E., and Bergler, E.: *Frigidity in Women: Its Characteristics and Treatment.* Washington and New York: Nerv. & Ment. Dis. Publ. Co., 1937. Monograph 60.

[3] In a letter to Sainte-Beuve, dated January 15, 1866.

consolation, tells me that I am hysteric. Don't you admire, as I do, this elastic use of grand and well-chosen words in order to veil our ignorance concerning all these things?')

Clinical psychoanalysts know that a problem neglected or a problem avoided frequently results in an accumulation of bothersome clinical data which, demanding answer, may threaten the analyst with severe punishment. The problem, unsolved or avoided by too general omissions or admissions, may gain in intensity and offer a series of clinical—sometimes catastrophic—failures. If, for instance, we consistently underestimate or overlook a given aspect of a patient's anal sexuality, we may find ourselves baffled by a schizophrenoid picture coming up in an otherwise 'normal' analysis; or in the case of certain oral reactions, particularly if these are woven into an anal sadistic pattern, we may find ourselves face to face with a serious suicidal attempt. The problem may escape the analyst's attention, but the analyst can never escape the problem.

Pondering over the symptoms manifested by the women described, one could not help but feel that one's state of puzzlement began to bear the earmarks of perplexed apprehension. It became apparent that sooner or later, whether under analysis or under custodial care in an institution, these patients would reveal suicidal impulses, not all of which would remain within the confines of fantasy—some would certainly break through into suicidal attempts even before the underlying fantasies could be recognized by either patient or physician. The first patient cited *did* impulsively swallow an unusually large number of allonal and morphine tablets, and two of the others struggled for a long time with strong suicidal drives.

The first hint that something was being overlooked in the phenomenon of sexual hate and occasional or lasting frigidity was given by a patient who was only partially frigid, and whose outstanding clinical characteristics of interest to us were as follows:

A woman who loved babies dearly (ever since she could

remember she loved to look at them and found great pleasure in cuddling them) passionately wished to have a baby even as a small child of eight or nine. She was happy in her marriage and her motherhood. She had two living children. Her neurosis, of many years' standing, was precipitated by the death of her first born—a boy—who lived only four hours after birth. During her first pregnancy she was extremely happy, as she was during the two subsequent pregnancies which brought her girls. Hers was a case of obsessional neurosis accompanied by states of panicky depression and some phobic attitudes. There was a history of one serious suicidal attempt before she began analysis. She was a faithful and earnest patient; her will to recover mental health was unusually strong and her analysis, while stormy and difficult, proceeded well and reached what appeared at the time to be a very satisfactory end. Her castration complex, of the vindictive type, was perhaps her leading difficulty. This was thoroughly analyzed and worked through. One way in which she acted out her masculinity was in her mode of masturbation—she lay face down without touching her genitalia and, apparently without exerting any pressure on her clitoris (her legs were not tight together), with rhythmic movements finally induced an orgasm. There were never any conscious fantasies, but her associations and dreams relating to masturbation made it possible to enlighten the patient concerning her masculine wishes. The masturbatory habits finally disappeared, and the patient became preoccupied with the wish for another baby, often day-dreaming that she was pregnant. The very thought of pregnancy made her happy, but no sooner did the idea of giving birth to a child occur to her than she became tense and angry, then truly horrified as if something terrible were about to happen to her. It had something to do with murder, she said, and with her head bursting. Thoughts about her father, all charged with hate, preoccupied her for hours during this period. Memories, dreams, and rather mobile and elastic transference reactions made this part of her analysis scientifically very interesting and therapeutically satis-

factory. Two features in the patient's analysis made extreme caution mandatory: *first,* her strong aggression closely woven into both her attachment to her father and into her severe unconscious homosexuality, and *second,* her horror of the act of birth combined with a great serenity during pregnancy or the fantasy of pregnancy—a serenity seemingly undisturbed by any conflict whatsoever. Her aggressive drives, particularly in view of the history of a suicidal attempt, suggested the possibility of a suicidal outcome. The syndrome—happy pregnancy without apparent conflict combined with terror in face of the act of birth—reminded me of the condition I found some time ago in almost all *post partum* schizophrenias.[4] Consequently, I decided to continue the analysis for a while longer, despite the fact that the patient had both subjectively and objectively attained apparent mental health. She had already worked through her castrative hatred and castration fears, both of which were obvious in her horror at the thought of giving birth. The identification of the child with her father's penis had become clear to her; her stubborn anal need to keep the penis (remain indefinitely pregnant) and not give it up (give birth to a child) was worked over and over again on many levels of her unconscious and at many crucial moments of her childhood. Since nothing new was forthcoming and since the patient's condition seemed to warrant it, the analysis was finally brought to an end after the specific form of her attitude towards her father, which was woven into the question of finishing the analysis, was worked through. The ideational content of this specific form could be summarized as follows: she hoped some time in the future to join her dead father in the beyond, to hold him in an erotic embrace and to conceive his child; she therefore hoped, when analysis ended, to have a love affair with the analyst with the same procreative result. Her strong ambivalence towards this fantasy made her unwilling to finish

[4] Zilboorg, Gregory: *The Dynamics of Schizophrenic Reactions Related to Pregnancy and Childbirth.* Am. J. of Psychiat., Vol. VIII, No. 4, January, 1929.

the analysis since this represented an abandonment by father (and in the deeper layers of her unconscious, by mother of course). She was also afraid that she would never finish the analysis and that the analyst would finally give her up as a hopeless case. She therefore developed attacks of blind anger against the analyst. When this phase of the analytic work was successfully terminated, she was thirty-nine years old and for purely practical reasons preferred not to have another child. Her two girls were ten and thirteen years old respectively, and she showed both intelligence and psychological insight in observing and managing her children's psychosexual growth.

No mention has been made of the patient's attachment to her mother, first, because it was taken for granted that in a complicated analysis of this kind the patient's primary attitude towards her mother was given serious attention and second, for 'tactical' reasons it seemed wise to postpone the detailed discussion of this aspect of the patient's unconscious life. The patient presented a dramatic example of oral conflicts; at three years she was still nursing from a bottle and consequently her castration complex became unusually accentuated by her extreme oral sadism and corresponding regressive reactions. Freud's classical warning that the ego is 'a poor creature owing service to three masters and consequently menaced by three several dangers' was given particular heed and the patient, despite the overtone of hatred (weaning by mother and abandonment by father) completed the analysis in a healthy frame of mind. She revisited the analyst at irregular intervals, always upon the analyst's initiative. Face to face reviews of her status increased the impression that the patient was now a healthy woman. She had occasional moments of depression, and from time to time she had moments of anxiety, but she was able to work out these momentary depressions and mild attacks of anxiety by herself, to analyze her own dreams and otherwise to think through the external and internal precipitating factors which caused the temporary discomfort. She

constantly reiterated, however, that she was convinced there was something left untouched and that some day she would 'get it' and then would be 'forever free' from all discomfort. She wondered whether a little more analysis would not shorten the path towards this alleged discovery of the ultimate cause of her trouble. The analyst explained this (and she herself was inclined to see it in the same light) on the ground that she was rationalizing her wish to return to analysis, that it was a transference left-over. He further suggested that if something actually had been overlooked she would at length work it out independently, since she was actively and normally functioning as wife, mother, and member of the community, and felt inwardly well. Her ambivalent remark to the effect that every time she thought of returning to analysis she decided she must be able to do it alone, and therefore she probably did not want any more analysis, was true to her 'masculine protest' and 'I-can-do-it-alone' type of personality.

Another transient symptom aroused this patient's interest: she occasionally felt as if her eyes did not look right and that people noticed this fact. Her several dreams in this connection led to the recollection of additional details of the primal scene which she had actually observed between the ages of four and six, and which were well worked out in analysis. She remained in apparent good health for over two years.

One day, after an absence of a little over a year, she returned to the analyst. She had been feeling 'queer' for several months. She was tense, anxious, depressed and 'suffered around the mouth'. Nothing could be seen around her mouth, but she felt as if it were 'pursed tightly' and she was so unhappy that she was afraid she might 'do something stupid'. Yes, she might kill herself. She wept. Her analysis was a failure. It was impossible for the analyst not to admit to himself that the patient was right, as she must have been right from the beginning when she stated that something was left untouched, unanalyzed. The analysis was resumed.

III

The tone of this analysis was totally different from that of the first. The patient devoted the analytical sessions to endless orgies of fantasy. Preoccupied solely with her state of mind, she brought into the hour extremely few concrete details of her daily life. She reported numerous fantasies which preoccupied her between the interviews and generated a cumulative mass of new fantasies while on the couch. The anal nature of the annoying symptom of feeling her mouth pursed was soon revealed as an apparent displacement from below upward. The mouth was pursed like an anus (she was also constipated at the time) and this was accompanied by an intense but diffuse hatred—'just murder'. The patient reviewed some of her old homosexual fantasies, and then followed weeks of preoccupation with fellatio and cunnilingus. All through these fantasies the patient experienced sexual excitement, and outside the analytic hour she remained under constant pressure of sexual tension 'all over' her body. Masturbation returned. Lying on her face or on her side, and with a minimum of movement, the patient would attain what appeared to be a *true vaginal orgasm*. Now as before, the fantasies would cease during the act of masturbation.

Three distinct episodes during this period, all occurring in different analytical sessions, seemed to provide a clue to the patient's problem and also served as points of departure towards the resolution of the conflicts under which she was laboring:

1. One day the patient, while under particular pressure of diffuse sexual excitement, said that if she were not on the analytical couch she would 'masturbate right now'. Heretofore she had experienced either a sense of fear or a sense of shame when she discussed the impulse to masturbate, and although both fear and guilt had vanished during her first analysis—after masturbation had fully disappeared she was able to discuss it freely as an occupation or preoccupation—these

affects now returned in full force. This was the first time since her return to analysis that she had mentioned her wish to masturbate with comparative lack of inhibition, and inasmuch as the presence of the analyst alone interfered with living out her impulse fully, she was invited to disregard him and to continue to tell what came into her mind. She turned over on her face, obviously masturbating; finally she stopped, saying that she could not 'have an orgasm that way', meaning, under the eye of the analyst. She had almost succeeded yet 'something stopped her'. But the underlying fantasy was captured in part: she imagined the old nurse with large breasts who had taken care of her from the time she was very little until she was about twelve. The nurse was close to her, and, though the patient was lying face down, she actually fantasied herself lying on her back, the nurse's breasts close to her face, almost touching her lips. This aroused her sexually to an extreme degree. The patient now recalled for the first time that her masturbation fantasies usually dealt with a breast in her mouth and resulted in an orgasm (vaginal) in no way different from the orgasm experienced when she fantasied (this too was brought out for the first time) that she was 'putting something, probably a penis' into a woman's vagina. The orgasm occurred at the instant she imagined the moment of ejaculation. She herself stressed the significance of the moment of ejaculation, since the rush of seminal fluid was in her case prerequisite for a satisfactory orgasm. Not only the obvious conjecture that it was the patient's mother who was lurking behind the image of the nurse, but also a series of new fantasies and forgotten memories of fantasies dating from the latency and puberty periods made it clear that it was mother's breast which had become the point of concentration for our patient's sexuality. This, rather than the displacement of anal reactions from below upward, was the cause of the 'pursed mouth' and, like the majority of such symptoms, it served two purposes: it 'kept' the fantasied breast tightly in the mouth, and at the same time it prevented the breast from entering the

mouth and thus protected the patient from the fear of carrying out her wish to injure it.

2. The second significant episode took place shortly after the one just described. The patient was interchangeably imagining her mother's breast in her mouth and the same breast 'being stuffed into' her vagina. As she related this fantasy she felt restless and overburdened with a great anxiety which culminated in hate, tears, exaggerated motor restlessness, and a sense of horror at the thought of milk coming out of the breast, and the breast being withdrawn.

3. The third episode which, with the other two, seemed to mobilize the maximum of affect and apparently served as a turning point in the patient's autistic preoccupation was a return to the fantasy of pregnancy. There appeared to be a certain rhythm in this fantasy: the patient was pregnant; the method or means by which she became pregnant, the person by whom she was pregnant, were of no interest to her. Only once did she deviate from the usual start of a *fait accompli* and then it was to wander off into the classical elaboration of immaculate conception which gradually led to father and the familiar ground of the œdipus complex; but she did not finish this direct œdipus fantasy in her usual manner, nor did she display the usual affect—which was quite comprehensible, since she had learned from her previous analysis to accept the genital aspects of her incestuous wishes. To come back to the fantasy in question, she was pregnant and very happy, she even wished to remain pregnant 'for the rest of my life', until something impelled her to go further and come to the moment of childbirth. At that moment she stopped, became intensely restless, repeated the word 'murder' many times, and said that she was horrified at the thought of the baby *coming out*. She cried and experienced intense hatred towards her mother. After many repetitions of the same fantasy, obviously obsessional in character, she added a variant: the baby coming out would kill her; the baby was a girl. And yet another variant: she herself was coming out of her mother and in so doing was killing her.

Helene Deutsch's suggestion that the woman masters the 'trauma of birth' through parturition, and the thesis set forth by Ferenczi and Helene Deutsch that oral structures are formed through the medium of the anal phase, were fully utilized during the patient's first analysis and were again taken into consideration at this time. But these leads seemed now only of partial value.

The patient finally recovered after many months of difficult, laborious work. Following an initial failure one is naturally guarded concerning the success of a second period of analysis. Not enough time has elapsed since its completion to evaluate this accurately, but enough data were revealed, I believe, to warrant a supplementary review of some of our general conceptions.

IV

A girl's earliest attachment to her mother 'has in analysis seemed to me so elusive, lost in a past so dim and shadowy, so hard to resuscitate that it seemed as if it had undergone some specially inexorable repression'. These words of Freud were frequently recalled during the concluding stages of our patient's second analysis. In working with patients of this type one is often inclined to share the pessimism of the doctor in Macbeth who remarked that 'their malady convinces the great assay of art' [5], and to wonder, with Edward Glover, whether ours are not at times 'chess-board methods of analysis which make up in complexity for what they lack in clinical perspective'. It is natural, too, that one should begin a search for new concepts, or additional conceptual links. For although concepts *per se* have no therapeutic worth, they serve as guide-posts and as such represent valuable auxiliaries to our technique.

In this spirit, let us turn to Freud's old article on the transformation of instincts with special reference to anal eroticism. Let us correlate it with later contributions to the subject and

[5] The word *convinces* means here *vanquishes*.

then try to find a link between the anal cathexes which appear to dominate the feminine castration complex, and the oral cathexes which always come to the surface woven into the classical fabric of anal eroticism. We know that penis and breast are frequently equated in our unconscious, and that weaning is regressively perceived as castration, particularly by men. By means of what psychic links are these equations achieved? The similarity between weaning and castration by way of the concept of separation does not appear to be a sufficient explanation, for it gives no hint of the dynamic and economic aspects of the process, or of its libidinal continuity. The explanation may sound plausible, it is empirically workable, but it does not solve much. The same may be said of the mechanism of displacement from below upward, or from above downward. This mobility of cathexes, while representing an observation of unquestionable validity, carries with it the seed of possible confusion; for oral values may often too readily be ascribed to purely anal cathexes and anal values to purely oral cathexes, merely by considering them displacements. For instance, the 'pursed' feeling around the mouth gave the impression of being definitely sphincteric, obviously anal retentive—a displacement from below upward. Our patient's unwillingness to let the child out, her terrific need to retain it, appeared so clearly anal that nothing was left but to recognize the fact and accept the presence of an implacable resistance to our therapeutic endeavor. In such a case the uterus and the vagina are frequently perceived as an anus guarding the intestinal contents and the latter represent the fæces-penis-child which the castrative masculine woman is unwilling to give up. That this is partly true in almost every case, that it was one of the convincing findings in *post partum* schizophrenias [6] for instance, lends unusual weight to our general concept of the libidinal structure in such women. I may cite from another of the three patients mentioned above who not only 'refused' to have an orgasm unless she retained the penis (it had to be motionless during coitus)

[6] Zilboorg, Gregory. *Ibid.*

but who also, owing to the depth of her conflict, 'made' her *os uteri* behave like an anus. This patient had several therapeutic abortions and not only was it difficult to introduce a curette into the *os* but even when the anæsthesia was pushed to its maximum depth, the *os* clamped down on the curette with such force that it was for a time impossible to withdraw it and complete the curettage.

Let us restate the classical equation of penis=fæces=child. The connecting links of this eternal triangle are well defined in Freud's diagram (Figure 1). One might also infer that in the patient whose vaginal orgasm was dependent on the absolute stillness of the penis, the vagina acted like a toothless mouth which could be aroused to the pitch of erotic gratification only if the penis literally behaved like a breast, and passively and willingly fed the child. The unconscious fantasies of such patients and the deeper history of their childhood bear out the plausibility of this assumption, for these patients all demonstrate severe oral fixations, various food idiosyncrasies, and in suicidal drives they choose poison rather than any other agency of death [7]. In the light of this, the tears and almost helpless rage upon completion of the sexual act acquire a definite meaning: the woman behaves like a child who has not had enough sucking and her tantrum is that of the child who is hungry for the breast—a suckling's infantile protest rather than a 'masculine protest'.

This view may permit us to introduce a supplementary thought to a statement made by Freud: 'I have occasionally had the opportunity of hearing some dreams of women occurring after the first act of intercourse. They revealed an unmistakable wish in the woman to keep for herself the penis with which she had come in contact. Apart from their libidinal origin, these dreams indicated a temporary regression from the man to the penis as an object of desire.' We may assume that this unmistakable wish in the woman to keep the penis for herself is derived not from one source only—the wish to have

[7] The aggressive, anal sadistic, castrative women, on the other hand, prefer to use pistols and to jump from windows.

a male organ and become a man—but, *via* an archaic identification with the breast, also from the erotic wish to retain the breast. The vagina then in the form of a toothless mouth or of a *vagina dentata* may attempt either to retain or to bite off and incorporate this breast. There seems to be no real objection to ascribing a certain degree of primary and independent libidinal importance to such a crucial event as weaning and the compulsive repetitiveness with regard to it, apart from the admixture of anal erotic elements. The patient who had fantasies of her mother's breast being put into her vagina may then be looked upon as a woman who, suffering from a highly accentuated oral eroticism (it does not matter whether congenital or acquired), carried over the whole pattern of suckling *and being weaned* into her vaginal activity and the sexual act. With this in mind, we may add a fourth part to the existing equation: penis=fæces=child=breast. The horror the patient experienced at the thought of the child leaving the birth canal will then be understood not *only* in terms of castration fear and masculine wishes, but in *addition* in terms of the horror of weaning, of the psychic inability to relinquish the breast, of the hatred of the mother for the withdrawal of the breast, of the wish to retain or to bite off this breast, to kill the mother, to kill the breast-child. Let us recall the emotional emphasis one patient laid on the process of ejaculation, as if to underscore the value of the penis as a breast. The same patient's reversal of psychic rôles is also of corroborative significance: she was afraid that she would crush the child as it came out of the vagina, she was also afraid that she would destroy her own mother as she, the patient, issued from her mother's vagina. Perhaps in some cases this identification of the breast with the child is to a greater degree responsible for the unconscious hostility mothers feel for their own babies than a number of other determinants. Perhaps too this identification, *via* the equation penis=breast, led Freud to state that a girl's first conception of coitus is fellatio.[8] I found, too, the same theory

[8] Ernest Jones relates in his essay *The Phallic Phase* (Int. J. of Psa., 1933), that Freud stated this in a letter to him.

in men whose earliest conception of parental coitus was that the father sucked the mother's breast. Perhaps this identification is also responsible for the rather common unconscious fantasy of oral impregnation, and the primitive idea that certain foods fertilize women. The early oral phase, it seems, has a function to perform which is obscure and complex, yet definitely dynamic and not always a mere regressive representation of anal reactions. To understand this function, or rôle, we must first abandon the unwritten tradition of considering oral and anal phases as if these were independent one from the other, as if they were separate currents of energy which sometimes run parallel and sometimes coincide. In considering the complexities of neuroses it would of course be valuable to know whether historically the anal reactions take the lead and then retrogressively mobilize the oral reactions to utilize them in the construction of the neurosis, or whether the oral reactions do the job first. Unfortunately we know little about it and in the current state of our knowledge no definite answer to the question is possible. From the empirical and pragmatic standpoint, however, this question is of no great importance to us at present. What matters is the fact that the oral phase seems to play a definite, even a specific rôle in the process of the transformation of instincts, particularly in the process of linking up the chain of anal reactions, and that a number of facts drawn from pathological material suggest the need of supplementing our views on the subject. Both Freud and Abraham pointed out that the gratification of the need for nourishment and that of the erotogenic zone (the lips) cannot be separated at their earliest stage. The object of the activity of one is that of the other; the sexual aim is the incorporation of the object (Freud). That there is an intimate connection between the oral and anal phases was sensed both by Freud and Abraham. The latter, quoting Freud, says: 'The sadistic-anal organization can easily be regarded as a continuation and development of the oral one. The violent muscular activity, directed upon the object, by which it is characterized,

is to be explained as an action preparatory to eating. The eating then ceases to be a sexual aim and the preparatory action becomes a sufficient aim in itself. The essential novelty, as compared with the previous stage, is that the receptive passive function becomes disengaged from the oral zone and attached to the anal zone'.[9] Freud refers to various biological parallels but does not cite them. Abraham, puzzling over these transitions in the course of our psychosexual development, remarks that the latter 'lags a long way behind our somatic development, like a late version or repetition of that process'. Consequently, he draws upon embryological material; he points out the early rôle of the blastopore at the cephalic end of the primitive streak and proceeds to follow the gradual caudal displacement of the opening until finally an anus is formed. This direct derivation of the anus from the blastopore appears as the biological prototype of the psychosexual process which Freud has described and which occurs somewhere about the second year of the life of the individual.'[10]

We must bear in mind, however, that before the full psychological differentiation between the activities of the primitive mouth (blastopore) and its caudal continuation (primitive anus), and before eating ceases to be a sexual aim relegating the erotic pleasure to the preparatory activity of sucking, and therefore before the 'passive function becomes disengaged from the oral zone and attached to the anal zone', there exists a period of considerable duration when, as Freud pointed out, there is little if any differentiation between the sucking eroticism and that accompanying the nutritive process. It is this period that engages our particular attention, a period which Freud (beginning with the third edition of his Three Contributions) characterized as cannibalistic. Abraham divided this period into two phases, the preambivalent passive phase and the ambivalent, cannibalistic. The transition from the first oral phase to the second is still obscure. It is this transition which,

[9] Freud: *From the History of an Infantile Neurosis*, 1918. Coll. Papers, Vol. III, p. 590.

[10] Abraham, Karl: *Selected Papers*. London: Hogarth Press, 1927, p. 500.

if properly understood, may give us a clue to the questions raised by the clinical material cited above.

Let us offer the following diagram which will perhaps clarify the issue better than a purely verbal exposition (Figure 2).

V

As we see from the diagram, it is suggested that breast and food both simultaneously serve the narcissism of the child; breast and food are fully equated at the very early stages of life. It is not impossible that at the earliest period of development one also equates food and fæces. The unconscious knowledge that fæces are constantly being lost or given off must come at a later stage. The earliest motor activity of the baby reënforces this suggestion: the baby takes everything into its mouth. For a time then the earliest anal eroticism may also be 'interpreted' by the child in terms of oral activity, that is to say, food-producing. The frequent, if not constant, presence of coprophilic reactions in our unconscious (the normal—not the frankly perverse one existing in schizophrenics) would seem a point in favor of this view. It must be remembered that the word food is used here in its erotic sense, and not in the sense of a source of biological sustenance. The importance, that is, the intensity of this component in our erotic life, may be inferred from the sublimated remnants of it which we carry over in our daily life and into our social existence. If a person plans a holiday or a sea voyage, the very first question asked is sure to be 'is the food good?' Any celebration, any festive occasion, any gathering marked by relaxation, by the abandonment of daily cares and obligations, is accompanied by a typical regression to the breast-food stage; we organize banquets or dinner parties at which the excellence of food is no minor criterion of success. The universal predilection for various cheeses and coffee at the end of a meal seems to complete the erotic circle: breast=food=fæces=food.

Let us return to the baby who, for a time, is a self-generative breast-food machine. In the delicate psychic representation

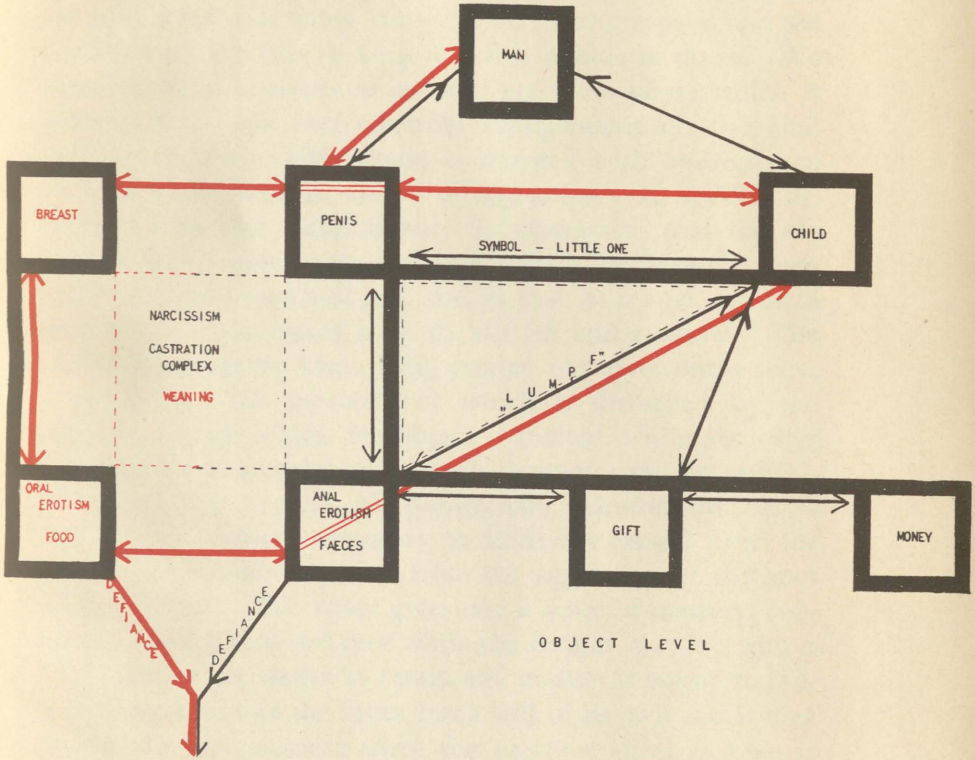
MAN
BREAST
PENIS
CHILD
SYMBOL - LITTLE ONE
NARCISSISM
CASTRATION COMPLEX
WEANING
"LUMPF"
ORAL EROTISM
FOOD
ANAL EROTISM
FAECES
GIFT
MONEY
DEFIANCE
DEFIANCE
OBJECT LEVEL

FIGURE 2

of the baby the breast is hardly perceived as something not its own, nor is the mother regarded as an outside object. As growth proceeds, both breast and food begin to be differentiated as outside objects partially separated one from the other. Food probably remains for a while partially equated with fæces, while breast becomes a more elusive object—it comes and goes, it is given and taken away. The child grasps it and yet must let it go, it wants to keep it and is unable to do so. We might therefore conceive of an oral retentive phase which is different from, and perhaps even independent of, the anal retentive reaction. This phase is charged with ambivalence and with a considerable degree of aggression. It is different, however, from the cannibalistic, incorporative, oral sadistic phase in that it apparently develops *before* the breast is even conceived as an outside object, and in that its sexual aim is to retain and to suck rather than to bite off and swallow. The cannibalistic impulse when fully carried out gives one a sense of completion, the harmony of which is disturbed by the ambivalence with which the object is treated, while the early oral retentive phase—though already showing signs of ambivalence—gives one a sense of 'preliminary achievement', as it were, an achievement necessary to fulfil the sexual need for sucking. It is different, also, from the aggression of the anal retentive phase. The latter gives one a sense of mastery, control, and triumphant defiance while the former, starting with a defiant protest and desire to retain and master, is bound to fail, for the breast, unlike the fæces, has a will of its own and it may leave at the very moment when the supreme effort to keep it is greatest. Hence the oral, defiant, retentive reaction generates more helpless aggression and greater anxiety. It is possible that what we consider oral at that period is strictly speaking labial and presents an ambivalent, sadistic, yet helpless orientation. It is an intermediate oral retentive phase between the first and second oral phases described by Abraham. At this point the drive to hold the breast, to incorporate it and keep it makes an alliance, as it were, with the activities of the

anal sphincter. The oral and anal libidinal reactions, heretofore independent (at least to some extent), begin to function in unison and independently so that constipation, for instance, might well serve the purpose not only of anal pleasure, but also of a subsidiary and auxiliary to oral retention. This may explain the fantasies of taking things in with the anus which we occasionally find in the analysis of neurotics; it might also suggest that the *lumpf* which is denoted on Freud's diagram as a connecting link between fæces and child, through the links food=breast, may serve the process of identification of breast with child independently of the link 'penis'. This might explain, too, the reversibility of certain reactions which are known as displacements from below upward and from above downward, which in many instances are not true displacements but natural left-overs of an archaic psychic coöperation.

That in the course of this development breast should become equated with penis and *vice versa* is also intelligible. The linking up of these two psychic representations is, I suspect, less direct than would appear. The direct connection, at any rate, becomes greatly reënforced by the primitive, libidinal chain, breast=food=fæces=penis=breast. Even in the process of transferring the libido from the narcissistic level (penis) to the object-libidinal level (man)—we still have woman in mind—the connection between penis and breast is fully present. That is why the sublimated attitude of the woman to the man, as was pointed out by Freud, bears so many of the earmarks of the woman's original attitude towards her own mother, that is, the breast, and more than that the attitude towards the man becomes motherly, that is, the woman offers the man her breast. When later on the woman bears or gives a child to the man this object libidinal transition is again performed by means of *offering* him 'a part of herself', 'a part of her own body'—her breast.

This outline is of necessity sketchy and confusing. In the present state of our knowledge of the subject, it cannot be otherwise; however, the outline as it is given suggests that the

interplay of the oral and anal libidinal drives is neither accidental, nor pathological, nor otherwise regressive. The almost exclusive emphasis on the anal drives makes the picture one-sided. To put it in somewhat figurative language, our orientation with regard to early libidinal development and the conflicts arising therefrom, particularly with regard to female sexuality, suffer from a moderate hyperplasia of the anal-erotic considerations, while the oral-erotic elements in our psychoanalytic theory have undergone a slight atrophy of disuse. This state of affairs would explain the fact that we frequently overlook the very natural and reasonable connection between the oral and anal phases many of which coincide organically and play a paramount rôle in our clinical problems. Let me conclude with another pertinent example.

It will be noted on the second diagram that 'weaning' is put immediately under 'castration complex'. This was done not because the castration complex takes precedence over weaning either in chronology or in intensity; it was put there merely as a supplementary element to Freud's original diagram. We are wont to say that weaning is perceived regressively as castration; in other words, we are inclined to think that the individual reads into his unconscious memory of weaning an experience of later life. This is probably true in many cases. We should not, however, overlook the fact that the event of weaning is but a dramatic *final* event, a final and cumulative outcome of an endless series of weaning traumata which we are inflicting on the child several times a day from the moment it has learned to suckle. As a result, the lingering traces of these experiences stand ready to serve the affective life of the individual as soon as the wonderment of the phallic phase appears. This is particularly true of women. The castration complex born and reared in and amid the intense conflicts of the œdipus complex may then be conceived in part as a reappearance of the repetitive shocks of weaning which have become irreversible, irreversible because in early babyhood every withdrawal of the breast is followed sooner or later and at regular

intervals by its return. In later life such a return appears impossible. The individual has learned this fact after an endless series of painful experiences and this knowledge must therefore add to the anxiety and stimulate the fantasy of repetitive loss and repetitive restoration of the thing lost. This is the psychic pattern of the castration complex which, one may say, is laid down ahead of the complex itself. Perhaps the child's ability to lose and produce again (re-produce) new fæces (food) makes it possible to establish the anal link at this point. It is difficult to say how much the anxiety accompanying the castration complex drives the individual into a regression to the oral phase and to what extent the oral phase, never fully abandoned, is carried over into the castration complex and determines the 'mechanics' of the latter *via* the oral-anal links outlined above.

These considerations may present serious theoretical difficulties; they will probably need revision; they will certainly require amendments in accord with the growth of our clinical knowledge.

PSYCHOANALYTIC NOTES RELATING TO SYNDROMES OF ASTHMA AND HAY FEVER

BY H. FLANDERS DUNBAR (NEW YORK)

The notes that follow contain material selected for its possible bearing on the syndromes of asthma and hay fever. The degree to which it sheds light on these syndromes remains to be determined. It is taken from the analyses of one woman and two men, none of whom came to analysis primarily because of the somatic syndrome. These patients, however, presented similarities which were the more striking when considered against the background of the study of a larger number of patients suffering from asthma and hay fever seen in a general hospital and clinic, as well as of others whose analyses are not yet completed or for reasons of discretion cannot be reported at this time. There were similarities in personality structure and behavior patterns. Especially there were similarities in the specific material in connection with which these syndromes both became intensified during analysis, and later disappeared after working through.

Of these patients, the woman, forty years old, had been a sufferer from asthma and choking spells since her marriage thirteen years previously, and from severe hay fever for ten years. One of the men, married, aged forty, had had asthma for twenty-eight years, and the other, unmarried, aged twenty-five, had had hay fever for twenty years. The observations from the analyses of the two men, each with a single allergy (except that the patient with hay fever had had one asthmatic attack, recalled and reproduced in analysis), are compared with the woman's productions that preceded or accompanied her attacks of asthma and choking on the one hand, and of hay fever on the other. Within the usual range of skin tests all were sensitive only to ragweed, although all had attacks out of season during

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analysis but not previously, and all retained the skin sensitivity even though they were able to withstand exposure to the specific allergen without the development of symptoms. Attention will be focused on the analysis of the woman in whom the two allergies were combined [1]. This analysis required two and a half years during which time the asthma and hay fever, together with other complaints, disappeared.

Such material inevitably raises the question of whether specific emotional factors are related to specific somatic disorders. In addition to the fact that the time is not ripe for solution of this problem, there is the more unfortunate fact that our very approach to it has been confused rather than clarified by much of the material we have. Far-reaching deductions have been attempted from scattered cases, often inadequately studied. It is not intended to develop a theory of the psychic factors in asthma and hay fever on the basis of three or more analyses, even with the aid of the literature and a superficial study of a much larger number of patients. The aim here is to add to our available data a little more clinical material described in detail, with special attention to observations of simultaneous sequences in psychic and somatic spheres. It is to facilitate the relating of this material to the general framework of present research (not to prove a point) that a brief review of the status of our knowledge in this field is included with the summary.

How specific, concrete, and accurate can be our descriptions of psychic factors found in patients suffering from various types of somatic disorder who are treated in general hospitals and in practice? Wherever possible, groups of patients suffering from one somatic disorder or another should be compared or contrasted. For example, attention has been called by both internists and analysts to the fact that patients with asthma seem to have undergone a somatic preparation in terms of early respiratory disease such as croup, whooping cough, bron-

[1] Incidentally the material presents interesting comparisons between the sexes especially with reference to transference phenomena.

chitis, and the like. We do not know yet whether more patients with asthma have had this somatic preparation than those with heart disease, diabetes or some other disorder. We hope in the course of time to find this out. What we do know is that the psychic preparation, including the experience of asthma itself, is such as to give these early illnesses a peculiar emotional importance to asthmatic patients as compared with patients suffering from most other illnesses. We know also one more fact: the question of emotional specificity will never be solved in terms of discrete specific factors, but only in terms of a complex combination of psychic and somatic factors playing different quantitative and qualitative rôles in the total make-up of different individuals.

Case 1. The woman gave as her reason for seeking analysis that she thought it would be of value to her in her work. In the course of the preliminary interview, however, she admitted that she had reached a point where her work was seriously handicapped by her extreme emotional reaction to the problems and personalities she encountered. Furthermore, she was fundamentally unhappy, 'in spite of having everything to make me happy', and was becoming increasingly irritable. She said, 'I am always taking too many responsibilities, and breaking down under them; showing off, and feeling inferior. I am losing my ability to make decisions.' She had always prided herself on being a model parent but was beginning to have serious difficulties with her young son, as well as with her husband whose 'mother-fixation' had begun to get on her nerves. She complained particularly of over-reacting to stories about cruelty to children, and of a compulsion to burn a cat in the furnace.

When she came for treatment, the patient was married and living with her husband and only son. She was a leader in her community, much admired, and considered a normal, well-rounded individual, outstanding for her emotional intensity, ambition, and drive. Two points, however, are noteworthy: the neighbors could not understand why a woman of her char-

acter should have such a disagreeable child. Also they sometimes teased her because, being flat-chested and rather masculine, she wore elaborate, feminine clothes; she defended herself on the basis of her large hips.

Family history: The patient came from intelligent New England stock, going back several generations. She knew all her grandparents. Both paternal grandparents had married twice and lived to a healthy old age, except that the grandfather showed peculiarities of a senile type toward the end of his life. The patient's father was the younger of two sons, successful and good-natured but very unhappy in his marriage, finding most of his emotional life outside the home. Shortly after the family had discovered a serious relationship of long standing with a woman, he lost all his money. The patient said: 'I cannot speak objectively of him. His influence on me has been too great. My eyes fill up with tears as I speak. I've got to lose him sometime. I cannot allow myself to lose him or the idealized picture I have of him. My greatest ambition is to make my son feel about me as I feel about him.' Both maternal grandparents were brought up by cruel stepmothers. The maternal grandfather had hay fever and possibly, in his later years, senile dementia. He died in an institution. The maternal grandmother was a remarkably able and aggressive woman, an ardent suffragette and a follower of Lucy Stone. Her only sibling was an inadequate brother. Of her the patient said: 'She gave me security, took my part against all that was unfriendly and threatening, and furnished a pattern I could achieve.' The mother, like her own mother, with whom she never got along, was the real head of the family, but was much less able and much less good-natured, holding sway primarily through illness, actual and feigned. She, like her father (the maternal grandfather), suffered from hay fever, and also from attacks of coughing and choking [2]. The patient said of her, 'She was always a martyr and always right'.

[2] *Cf.* p. 32; also for comment on pseudoheredity *cf.* Dunbar, Wolfe and Rioch (*16*, p. 668).

Personal history: The patient was an only child, unwanted by the mother. The delivery was difficult, instrumental and the patient was 'born coal black' (really a blue baby) and the doctor had great difficulty in getting her to start breathing. The grandmother had wrung her hands and said, 'What have we done to have a colored child born into the family?' [3] After her birth the father promised the mother that she should never have another child. When the baby was brought into the room the mother used to hide her head and after the first days refused to nurse her. In spite of all this the patient's general health was good. The medical history was essentially negative except for bronchopneumonia at the age of eleven, and for dysmenorrhœa and constipation during adolescence. She had mild cases of the usual childhood diseases, including croup and whooping cough at an early age.

According to her statement the patient was so much impressed with the necessity for not causing trouble to adults that whenever she was held in the lap of a visitor or kindergarten teacher she used to *hold her breath* in order to be perfectly still. She was good, prim, and obedient. She developed an absorbing interest in the Bible and read it through several times. She never played with dolls; a favorite game was playing school in which she used pillows as pupils, and urinated on those that did not behave. In school she was always on the honor roll and stood first or second in her classes throughout school and college. Her mother, however, was consistently critical and never considered that she achieved a sufficiently high rating.

The patient's major amnesias were in connection with her feelings for her father, for his strictness and her mother's fear of him. She suffered from a fear of wild animals, ghosts, snakes and bugs, which, except for the fear of ghosts, persisted throughout her life and well into the analysis.

Her first sexual memory was of being spanked by a little boy

[3] It is noteworthy that this history together with this comment made by parent or relative is given frequently by patients having asthma or hay fever.

at the age of four, in connection with playing a game of bowel movements. She said: 'Father used to spank me in cold blood. I can see the bed across which I lay. I get so much pleasure from spanking my son the same way that I can hardly keep from doing it. Mother told me men did awful things to little girls and I thought that they beat them with their walking sticks and then jammed the stick into the little girl's anus and screwed it around inside like a dagger in your heart or down your throat.' The patient had frequently spanked cats and had shut them up in fireplaces or struck them preferably with a hot poker. She had always felt it necessary to have cats in the house, but she violently disapproved of their sex lives and was particularly severe if she happened to have heard them caterwauling at night. Throughout her married life *intercourse had been accompanied by fantasies of being spanked.* On the whole she was frigid but occasionally experienced some sexual satisfaction when these fantasies were sufficiently vivid. 'Sex has always been dirty and humiliating,' she said. 'Grandmother said she submitted to the sex side of marriage only to keep her husband from going elsewhere, but her best friend used to say, "Let them go elsewhere".' At the age of fifteen the patient had a love affair which involved a glimpse of a boy's erect penis. This filled her with such horror that she considers red and purple dreadful colors, and has managed throughout her married life to avoid seeing and touching her husband's penis. Incidentally, her husband was impotent on their wedding night and she was pleased that taunting him about it often made him impotent. She added, 'Of course I shouldn't do it'.

She had difficulty in becoming pregnant, and three years following her marriage had an extremely hard delivery which surprised the obstetrician who said that he could see no anatomical reason for it but believed he had not realized how muscle-bound she was. The patient noted however that he used to say when examining her during pregnancy, 'You're tight as a virgin'. Because her first two sons died she insisted

on having a third child, despite her friends' and husband's urgent opposition. The husband finally yielded when she threatened to find a father for it elsewhere if he continued to refuse. She never had any fear of going to the hospital in spite of having made slow recoveries from an appendectomy two years prior to her marriage and the delivery which followed a very difficult thirty-six hour labor. She said, 'Going to the hospital to be cut *gave me a sort of satisfaction*'.

Prior to her marriage she had worked from choice and not from economic necessity. She continued her business contacts during the first years of her married life, and after seven years resumed her career, spending as little time as possible at home. She stated, 'I take all responsibilities in our marriage except in matters of money'. Although she claimed to get along better with men than with women because she liked them 'as companions', what she called her 'deepest relationships' had been with women and there had been some overt homosexual behavior. At the time she came for analysis there were women in her life for whom she cared a great deal more than she did for her husband, and she gave this as a reason for her choice of a woman analyst.

Cases 2 and 3. Space scarcely warrants giving the histories of the two male patients in equal detail. The following points, however, are interesting. Like the woman both patients came to analysis in the hope that it might help them to attain their vocational ambitions. They had considered themselves perfectly normal but had a tendency to overwork and ascribed to this the fact that they were beginning to have difficulty in making decisions. In their communities they were both leaders from whom great things were expected but they were possessed of striking idiosyncrasies. Their life-long ambition had been to get to the top, this being combined with a tendency to defeat themselves. They had a marked urge to please, being afraid to make enemies, and were highly sensitive and self-critical. Both had been teachers' pets and goody-goodies in school. They ascribed their choice of a woman analyst to the

fact that their major uneasiness was with women whom they hated and considered inferior.

In both cases [4] the family histories disclosed inadequate fathers and maternal relatives with asthma, in the case of the asthmatic patient, and hay fever in the case of the patient with hay fever. The male asthmatic was an only child whose birth was of particular importance to his mother, and the patient with hay fever was the youngest in a family where the other three children were considerably older and the only other boy had died at the age of sixteen when the patient was still in infancy [5]. Both had been told gruesome stories about the mother's sufferings when they were born; both had been idolized and pampered. The asthmatic had been nursed until the age of six or seven, that is well into the normal latency period.

Both patients had enjoyed excellent health except for a tendency to colds and bronchitis; the asthmatic had had whooping cough about the time of weaning. Each had had sexual reactions to spanking, and both had a sadistic conception of coitus, which in the case of the asthmatic was acted out in his sexual relations with his wife and other women. Both patients had exaggerated erective potency and deficient orgastic potency. They had a tendency to minor accidents and marked fears of being injured. Their fear of closed places was combined with a compulsion to escape periodically from the routine of life by sailing or by trips to Europe. Both had had attacks of asthma or hay fever when they did so.

[4] They came of 'old American' stock.

[5] It happens that the two patients with asthma were only children and the man with hay fever the youngest in a family where the other three children were much older. Rogerson and others have commented on the frequency with which asthmatic children are only children or eldest, or the first boy, and the like, stressing the element of over-protection. In cardiac patients studied at Presbyterian Hospital who had exaggerated dyspnœa we have found the same thing, but we have found it in other somatic disease groups as well and we know that this constellation favors neurosis also. Statistical studies are as yet insufficient to show specific quantitative differences. *Cf.* Dunbar, Wolfe and Rioch (*16*); also: Part II, forthcoming Amer. J. Psychiat.

The Analytic Material.

What follows is taken from a much larger body of analytic material arranged and correlated to make clear the quantitative predominance of certain types of material and simultaneous sequences in psychic and somatic spheres. If such an analysis of material had not been made, one could merely have stated that these patients had neuroses involving the problems common to all neuroses. The observations drawn from this material, however, are presented with the emphatic statement that *in any remarks to follow, the intention is not to relate the characteristics set down exclusively to the syndromes of asthma and hay fever, but only to note that they have been found in these patients (and also in others) in quantitative prominence and in specific relationship to attacks.*

General character and symptoms: These patients, as already stated, belonged to the obsessive-compulsive character group. It took the woman two months to make up her mind to start analysis in spite of the fact that the idea was wholly her own. During this period she wrote the analyst frequently about her plans and several times wanted to change the hour originally agreed on, giving complicated reasons, although she had no fixed obligations. This is mentioned because time has a peculiar significance to patients with asthma and hay fever. Attention has been called to this fact in the literature (which places these patients generally in the obsessive-compulsive character group) and it is conspicuous even on superficial observation of them in a general hospital.

All three patients had attacks on days or at hours that had special associations for them. For example, at one period of the analysis the man was regularly roused from sleep by an asthmatic attack at an hour in the night corresponding to the daily hour when he came for analysis. They all started analysis on a day that had particular significance for them, the woman on the birthday of the grandmother she so much admired. She said later, 'She was my ideal and I am starting

a new life to be like her'. It was also the anniversary of her first meeting with her husband. Furthermore, both of her first children had died just before they were seven years old and her living son was approaching this age. She had a feeling, not entirely unjustified, as will be shown later, that 'something might happen' to this son if she were not analyzed. All three of these patients emphasized that they had a 'time sense'—they knew when the analyst allowed them an extra minute or deprived them of one, and great importance was attached to this, often in terms of the analyst's opinion of the patient's production during the hour.

The following additional symptoms (frequently reported as associated with asthma and hay fever) were present: periods of constipation and diarrhœa or alternation between the two, and frequent headaches throughout their lives and during the analysis, especially at week-ends. They exhibited an attitude of indifference to such ills and 'would never think of taking medicine'. The patient with hay fever had attacks of urticaria. The other two had several attacks of eczema.[6] Alcohol was important to these patients. They were all worried about masturbation which had persisted into adult life, and all had mild symptoms, variously termed arthritic, rheumatic, or neuritic. It has been observed that the woman suffered from seriously disturbed sexual function (bisexuality, ambivalence), as did both of the men, who had strong feminine identifications. This may suffice by way of superficial description.

To make the material concerning the deeper structure of the personality easier to follow, the story of the woman will be given first; then the differences and similarities in the cases of the men will be discussed.

Relating specifically to asthmatic attacks: With all three patients the first analytic sessions were tumultuous, consisting in the main of expressions of hatred of the mother and love of the father, although as it came out later great antagonism was

[6] *Cf.* Bunnemann (*8*); and for other references, Dunbar (*13*).

felt toward the latter as well, and there existed a deep dependent attachment to the mother. With the woman the first sessions were filled with accusations of her mother and memories of her mother's unkindness, punctuated occasionally with the remarks, 'But I adore my father, and my husband is like a big affectionate puppy. I wish my son loved me like that and I wish I didn't have to hurt him so much. I don't think I ever hurt father'. She reported a recurrent dream that her husband had two wives but that she did not mind because she was the favorite. After the first analytic hour she dreamed:

> Two men, one of them weeping on my shoulder, when another came along and began to berate me at the same time trying to wipe off *black marks,* finger prints, *from my neck.* Had some one tried to choke me?

During the third hour she announced that it would probably be impossible to continue the analysis because her husband was subject to severe colds keeping him in bed several weeks at a time. She could not leave him when he had a cold, and the analyst had said that one must have no interruptions in the course of analysis except for definitely planned vacations. On the way to her analytic appointment she herself had developed a sore throat. She stated that her mother had some peculiarity about her throat, and several times had choked almost to death.

In the first week she recounted the following dream:

> I was in your office and had suddenly become an animal groveling and defæcating on the floor and making unintelligible noises.

She was afraid that this was what the analysis would turn her into. She repeated what she had said on several occasions: 'I am terrified of all strong emotions'.[7] One of the most striking aspects of this patient's analysis was both the *quality and the quantity of anal material,* its permeation of her dreams, speech, and thought, and its relation to disturbances of respiration, coughing spells, and asthmatic attacks. It should be

[7] *Cf.* p. 60.

noted that this was not simply 'anal material' as might appear at first sight, and as it has been described in the literature.

The patient always arrived punctually for her analytic hours but always had to go to the toilet before or after or both. She explained that the analysis interfered with her bowel habits (she came in the morning) and it reminded her of her mother's injunction: 'Hurry up, hurry up and get your "jobbie" done so you won't be late for school'. She dreamed:

> Helen was sick. [The patient was to have been named Helen and wished she had been so she could have had the same name as the analyst.] A nurse was taking care of her and there was a chamber full of fæcal matter by the bed. The nurse had to take a spoonful of it. I shuddered and then said to the nurse: 'After all it's no worse than salts, I shouldn't have disgust associations.' The nurse said, 'Yes, it's only part of the routine'.

She commented: 'I could have killed mother for making me take salts. I felt as if a bowel movement were going down my throat like a snake, and as if I would have to try to cough it up only I couldn't get my breath, and was being suffocated.' [8]

Another example that also occurred early in the analysis before this theme had been discussed is the following dream:

> I was in a department store buying wall paper and material for new draperies and upholstery in my house. I was going to have it grey and dark brown like your office. I wondered why I was doing it because I really hate dark brown. I remembered I had planned all my winter wardrobe dark brown [this was actually true] although I had never worn the color before and you never wear it. Then I suddenly wanted to undress you and paint your body dark brown and smear it with fæces. Then I was in your office telling you this dream and you hit me in the stomach. I was very angry and said: 'That's a terrible thing for a doctor to do to a patient', and I woke up choking.

[8] *Cf.* pp. 45 ff and p. 54; also p. 61. There were appropriate associations to both salts and castor oil.

She said by way of comment: 'I really don't see why you should sit for hours and let yourself be insulted like this, but I suppose it isn't so bad if you get paid for it. Still I think being paid for letting people attack you is like prostitution, only worse.' The patient then confessed that she had actually defæcated on the floor of the analyst's toilet and, although she had not done it 'quite intentionally', she had felt a good deal of pleasure from it. She had cleaned it up partly with a towel hanging there and had had fantasies about the analyst wiping her face and hands with it. After more remarks of this kind suddenly she said, 'I am getting a stiff neck like mother so I can't turn my head. I guess it's lucky because if I turned around and looked at you I am sure I would jump up and choke you. I would like to see my finger prints on your neck. I would hit you over the head, break your nose, pull out all your hair. I would strangle you with it like the lover in Browning's poem, The Last Ride Together [9]. Do you keep a revolver in your desk drawer?' The patient then began so to struggle for breath, to wheeze and choke, that she had to sit up, and tears came into her eyes. She said, 'I guess I'm the one who's getting choked. But I don't see why you just sit there and do nothing to help me'. Then, after a pause she lay down again and said, 'I feel as if the only place in the world I could be safe would be inside you'.[10]

This episode recalls, among other things, Fenichel's comment (*20a*, p. 218) on asthmatics: that sometimes the 'conflicts which were once waged between the individual and reality are now carried on between the patient and his respiratory apparatus'; also perhaps that of Weiss (*48*) that 'the asthmatic attack represents at once a reaction to separation from the mother and a cry of appeal to the mother'. An important additional point, borne out also in other instances, would seem to be the dominance of the patient's own hostility to the mother in her sense of separation [11] and also that both in the dream and on the

[9] The patient really meant *Porphyria's Lover*.

[10] *Cf.* pp. 50–51.

[11] *Cf.* pp. 54–55.

couch it was the thought of a counter attack from the analyst that immediately preceded the asthmatic attack. In other words, these cases and many others show that, when the patient is impelled to express hostility (even to the extent of leaving home, as will be illustrated later) towards a person on whom he is emotionally dependent, attacks are likely to be precipitated with additional appeals for love and attention.

After episodes such as that recounted, both asthmatic patients had dreams indicating a positive affect towards the analyst. The woman reported the following dreams and comments:

> I was in bed with a man who was little and looked like you. I admire you very much [there followed a list of reasons why] and I am afraid I'm going to like you too much and it would be terrible to do that because I know I'm going to have to leave you sometime. I can't bear to write to mother any more.
>
> I am dancing on a very uneven, crowned road with a very attractive woman, larger and more forceful than I, and in every way more self-possessed. We seem to be going to do a dance *à la* Fred Astaire, that is to leap through space. We have a mix-up at the very start, and then it seems to go smoothly, but the focus of interest changes to the question as to what she shall do about some married man who is in love with her, and she is in love with him.

It is noteworthy that this patient 'in spite of' her intense hatred of her mother had written to her daily since she had left home [12] 'in order to assure her of my affection'. Her deep sense

[12] When she took her first vacation from analysis to visit her mother in a different part of the country, she had a sick headache all the way on the train and arrived with a headache, asthma and bearing-down pains: 'I thought I would certainly have to come back and have that abdominal operation'. The patient had already commented that she suffered from constipation and dysmenorrhœa when she went to visit her mother but, since her marriage, never under any other circumstances. When the analyst planned to be away for a few days the same symptom complex developed. These headaches were always accompanied by fantasies of some terrible mischance to the analyst, particularly train and auto accidents, or of something happening to her so that she would

of rejection by her mother, which was well founded in reality, appeared regularly with her hostility according to the formulation 'I'll kill you if you don't love me'.[13]

Running throughout this material is a pattern of *identification* and projection obvious in two of the dreams given, which made it difficult to determine who was who, what related to father and what to mother, who was parent and who child. In the one dream, for example, the patient and the analyst are one and the same person lying on the couch. The analyst becomes a nurse, but has to take medicine as if she were the patient. The medicine is associated with salts given the patient by her mother, and so on. There was also a rapid shifting from active to passive rôles, from attacking to feeling attacked, and from masculine to feminine attitudes. It will be remembered from the historical data that this patient had attempted to identify herself with both parents and grandparents, had been traumatically rejected and had become violently ambivalent toward each; furthermore she had been impressed at once with the inferiority of the female rôle and with the inadequacy of the males in her family.

So much of this material emerged in connection with cats and dreams about them that in considering a title for this paper a possibility that suggested itself was: 'Who is who among the cats?' The fundamental meaning of the cat, male and female, to this patient, is apparent in the dreams that follow. Much of her reaction to her discovery of the penis, which certainly took place before the latency period[14], came up in her dreams about cats, and these were always accompanied by attacks of asthma and choking or of hay fever, usually the former when the admixture of anal or oral elements was strong. These attacks

never see the analyst again. This particular symptom disappeared completely after the first year of analysis and when, toward the end, the analyst referred to it because of a mild recurrence in connection with the termination of the analysis, the patient insisted that she had never had a sick headache in her life.

[13] The next day the patient brought a gift of flowers, first had fantasies about defæcating on them, and then about the analyst's funeral. *Cf.* p. 55.

[14] *Cf.* Rado (*39*).

sometimes awakened the patient from a dream, and sometimes developed on the analytic couch while discussing the dream.

It will be remembered that from early childhood the patient had had a compulsion to hurt cats, and on the other hand she said: 'I simply couldn't live without cats in the house'. (One might expect this patient to have an allergic sensitivity to cats but actually she was sensitive to nothing in the usual range of skin tests except ragweed.) An early dream was:

> Father and mother were in bed and there were lots of cats around chasing each other over and under the bed and snarling. One of them was very fat like my cat that's going to have kittens. I thought, 'All male cats should be killed. Then there wouldn't be all that fighting and caterwauling that wake people up at night.' I was afraid they would wake up mother and father.

Then came a nightmare:

> Insects swarming over me and biting me, and squirting liquid like male cats in the presence of a female. I was walking down the street and suddenly a cat jumped on me, fastened its teeth in the back of my neck. I couldn't breathe. It defæcated on me. Then I was lying on the couch wriggling my hips. You said, 'Stop that. I can't stand it', and were so angry I woke up.

In her associations the patient commented that in high school she and her best friend had decided that after they were married they would kill their husbands and live together the remainder of their lives. In talking further about these dreams the patient suddenly remembered lying in bed in a room in her grandmother's house. She described the details of the room. 'It must have been before I was five because we never lived with grandmother after that. I was masturbating and all of a sudden something jumped on me. Even now I can see the big glaring eyes, and I shrieked in terror. It was only a cat, but I kept on shrieking until mother came in. I don't know whether it was then or shortly after, that mother discovered my masturbation and punished me for it; or did

father spank me? I don't know. She told me it might make me have a child and that was terrible. She described what happened to her when I was born. She had had to be cut "down there" [an episiotomy] and how would I like that to happen to me? Some time later a little boy told me that his mother said that if he played with himself he would turn into a little girl. But it was really father that made me a girl because he always wanted a little girl. Mother even dressed me like a little boy until I went to kindergarten and I was laughed at because of it.'

The next night the patient had a series of dreams relating to her arthritis, her hay fever, and her choking. Although the fuller material relative to her arthritis (from which she also recovered during her analysis) will be reported elsewhere,[15] the dreams which are relevant to the present theme will be given here.

> I dreamed I awoke at one A.M. with a feeling of terror, of having been scared awake. I found my hay fever was very bad and I could not breathe through either nostril so I gasped with open mouth like a fish. Mother said, 'Don't sit with your mouth hanging open like a fish, you look foolish—half-witted'. I had a mounting wave of terror that I was soon not going to be able to breathe and so might choke to death. Could I call you up in the middle of the night?
>
> I was sitting on the davenport in our living room and furtively masturbating. I was conscious of a man's figure in the dense shrubbery surrounding—like Jesus. Then I was walking on the water with him hand in hand.[16]
>
> I dreamed a cat was trying to get fish out of the ice box. I tried to prevent it. The cat jumped up and clawed my right arm so that I thought I would bleed to death.

When she awoke her arm was paralyzed and she was unable to breathe. 'Fish smell like masturbation and they are slimy

[15] Dunbar, H. Flanders, and Wolfe, Theodore P.: *Character and Symptom Formation.* Forthcoming.

[16] *Cf.* on p. 48, the dream of mother and son disappearing into the water.

like semen, spit, and nasal discharge. I used to pull the sheets over my head when I masturbated and nearly smother.'

The patient had shown a tendency during the past week to rub her feet together, to rub her fingers together, to rub the hair on her head in little circles, but no comment had been made by the analyst on this behavior. On this particular day the patient said, 'I suppose you think when I do this that I'm masturbating, but I don't see why you don't say something about it'. She continued, 'Doing this with my right hand really hurts because of my arthritis, but it hurts *just enough to be comfortable*'. (The patient's acceptance of suffering as an essential part of any sexual activity was pronounced in her comments, behavior, and dreams. Her inability to enjoy intercourse without both actual and fantasied suffering should be recalled, as well as the statement that it gave her 'a sort of satisfaction to go to the hospital and be cut'.) 'Grandmother used to say cats always know when you are menstruating. You should be careful about letting them sniff you then because they are likely to scratch you. Mother would never say the word "menstruate," or the word "masticate". I guess it's because they sound too much like "masturbate". I was never able to get over masturbation even since I've been married. It's very embarrassing because the thing I like best to do is to write. Writing is about the only activity in which I feel equal to men. I have been told I have a masculine mind, but whenever I write I have a compulsion to masturbate and usually do it, and that reminds me that I am a woman and makes me feel terrible. Mother used to tell father on me so he would punish me, or did he turn me over to her to be handled? I used to think that she was very scared of him herself and perhaps he had made her sick. She used to say that his leaving the window open and making a draft gave her a stiff neck and then facial paralysis. I didn't believe this but thought she probably didn't want to tell me the real reason.' She related the following dream:

> A cat—our nice gentle female cat—was lying strapped down or held down with an open sore on her flank. It may have

been a coiled snake that was there. Did she roll large patient eyes, bearing her suffering like my grandmother and unlike my mother? She may also have been chained to a dog. I seem to be looking at her thinking I must be sure not to hurt her by touching her sore spot, and waiting for my husband to tell him about it. Did I touch the sore spot after all? The cat is clawing at the back of my neck, and I feel in great danger. Do I believe she has opened my arteries? I think, 'Why, I'll bleed to death'. The queer part is that I feel no enmity towards the cat. I seem to feel that she is acting out a response to unbearable pain, and she cannot do otherwise. It is not done directly to me at all. Of course it is possible that I have asked for it by my action, but this is not the emotional element in the situation.

Some weeks later the patient had the following dreams:

A cat had its claws in my thighs and its head seemed to be between my legs. Then someone was asking me to try to balance myself on a milk bottle. I thought I was being made fun of because that's something only men can do.[17] Women's hips are too broad.

Somewhere my son and I are lying on the floor. I seem to have been trying to clear up things thrown around on the floor: wet bath towels. Did my husband wet them? But at this moment my son and I are in some sort of struggle whose violence I try to cloak by pretending it's fun. It seems to be some threat of what mothers do to children. Is it that they make them pregnant? No, men do that. Men hurt little girls. It seems to be a cramming of the child's head up into the mother's vagina. The question of legs is very definitely involved. There is an emotional tone of horror about the dream—but there is also a little relief. The floor is littered with pools of water, fæces. I am conscious of walking in this, inhibiting my sense of smell. Most revolting of all, I come upon bloody, torn shreds of a kitten, its head particularly.

'What I was really afraid of about the milk bottle was that it would go up inside me. It's horrible to have anything

[17] *Cf.* footnote 24.

inside you. It seems very unprotected to be a woman and have a hole. I can't bear intercourse anymore.'

As a matter of fact it may be noted parenthetically, that she had a cystocele which at this time began to give her such great trouble that she could not have intercourse or play golf, and her obstetrician recommended an abdominal operation for suspension of the uterus.[17a] She observed, 'Isn't it funny I never was scared to go to the hospital before, but now I can't bear the idea of being cut open. Wouldn't it be awful to die from an abdominal operation after you'd spent all this money on being analyzed?' She wished to have another opinion about the operation. A second obstetrician suggested that she try wearing a pessary. At the end of three weeks she became tired of the pessary, took it out herself and had no more discomfort. A year later in the analysis the symptoms recurred during a discussion of the same subject, but this time lasted only three days; she returned to the obstetrician who recommended no treatment. Towards the end of the analysis it was suggested that she have this condition checked and the obstetrician told her that it was remarkable to what extent her pelvic musculature had improved; judging from her condition then he could scarcely believe that she had had a cystocele.

It is apparent from the foregoing that the patient felt very keenly the lack of a penis, attributed it to masturbation, and thought of herself as genitally injured. She was uncertain in her fantasy as to whether the injury came from father or mother. Perhaps mother had treated her that way because she had been hurt by her father.

The feminine rôle was bound for her with suffering. Mutilation was an important theme in her dreams and was to some extent acted out in the form of minor injuries to herself (note also the arthritis and cystocele) and in injury to others. In her dreams and fantasies relating to this theme there was often an identification with mother, analyst, or child, and the

[17a] Note patient's association of cystocele, uterus, penis.

most sadistic of these had a strong oral emphasis. The following is characteristic: 'I took great pleasure in clipping my hair yesterday, especially the hair at the back of my neck. I imagined it was Medusa's hair full of snakes and then that it was your hair. I would like to jump up and twist my hands in your hair, to choke you and see the blood rush to your head and your face get red and then I would cut it off like the dancing girl [Salome] and take it to John the Baptist on a silver platter.'

Then came these dreams:

> There was an awful commotion. Somehow it was the cat's fault and I was angry. I said, 'We must get rid of him'. Then something got hold of him and tried to eat him, and I got sorry and tried to rescue him. Then you were going to eat me up like little Red Ridinghood's grandmother, and I woke up choking.

> A yellow and black snake is on the ground off the edge of the railless piazza. I am shuddering with horror as I look over the edge at it, but with a feeling of thankfulness at my safety, when suddenly it stands right up on end and gets on the piazza. Next it seems to be coiled up like an anchovy on my cocktail tray, but its head and eyes make it very alive. I thought, 'It is much safer to have a snake down your throat than between your legs'.

'I used to think I would like to cut mother up into little bits—the way she used to cut up brownies—and eat her. Now I would like to cut her up and cover the pieces with chocolate sauce like fæces. I wouldn't use cocoanut frosting because father likes that.'

Somewhat later she dreamed:

> I was in a butcher shop buying meat, slimy meat like liver that seemed to be rounded like a woman's genital organ or stomach in pregnancy, or like a man's 'bay window'. Suddenly I couldn't bear the smell of it.

'I woke up unable to breathe, with terrible hay fever and then I had a nose bleed from the right side of my nose. I

seem to have a bad taste in my mouth and a bad smell, all the time, like blood or fæces. I have a compulsion to overeat, especially raw meat.[18]

> I am waiting for Dr. Dunbar. She has not come back from luncheon. I go into a kitchen which seems to be sort of a chemical laboratory. I seem to be looking over something I have bought in a round tin box such as lobster comes in. It might be the flesh of some woman's pet cat. Then it smells sweet like the flesh of a new born baby.

'It turned into a nightmare and I woke up. Why do mothers say to their children, "I love you so much I could eat you up"?' [19]

The patient's associations to this series of dreams made quite clear her fear (wish) of being eaten, her fantasies of her body as a phallus equated with fæces on the one hand and child on the other, as described by Lewin *(31)*.[20] (Her early association of the analyst's plum dress with the erect penis, and the brown dress with being smeared with fæces, will come to mind.) She talked a great deal about clothes at this time, became disgusted with a pink sport suit she was wearing, because it was the color of the nipple or the clitoris, not like a real penis. She had fantasies of biting off her mother's nipple, her husband's penis, tearing out the analyst's eyes, nose, hair, and also of giving the analyst her symptoms.

> I was awfully worried because I had brought my son with me to my appointment and he had brought a kitten with me; *him,* I mean. I thought, 'Why, it isn't house-broken! What if he should make a mess in the doctor's office?' Then he

[18] The patient was actually much overweight but had lost 20 lbs. during the analysis, and her figure was greatly improved.

[19] *Cf.* Fenichel *(20b)*.

[20] She had a horror of cunnilingus and fellatio which she had carefully avoided and thought disgusting. 'I'd be afraid of being bitten (I would defæcate—eliminate—elongate). I know I'd bite a penis if I could.' After a dream of herself as a child running in and out under trains to get lollypops she said, 'I suck on my son [child—penis] like an all-day sucker. I delight in my power over him.'

appeared from the room at the right with a chamber in which were urine and fæces. I held my nose and began to choke.

'Last night he asked me how babies go to the bathroom before they are born. I made a mess today when I came in, I spilled my powder all over the floor.[21] I wondered whether it would fly up and choke you or some other patient.'

I have one image of standing over you as you sit in a chair with the appointment book. Your hair is a long bob, and sticks out from your ears. You say, 'Do you know, Mrs. S. bit (wanted to bite?) my ear the other day?' I am enormously relieved at being told this. I say, 'Oh, then other patients feel the way I do?'

'I must know what you would do if I really attacked you and screwed a dagger around in your heart.'

She had a dream of killing her son, and of having no distress about it except that it spoiled the color of his clothes.[22] 'The other night when he and I were alone in the house I went in to look at him asleep. A fat mosquito was on his pillow. I killed it. It made a bloody stain—so near his head. I went into the bathroom and the thought came to me: "I could kill him. What's to stop me? We're all alone here." The blood seemed some sort of ritual or purging. I could drink a cup of it.' She continued: 'My cat has developed a nasty disposition. He snarls at me when I come around. I guess I've given him too many shocks. The name I call him reminds me of what little boys call their penises. I guess it's lucky I have a cat or I would be doing all these things to my child.

21 Dream: My husband and I are standing in front of a bureau. My husband asks me to put some talcum powder on the back of his neck. I pick up the perfume and put some on him. He asks me again to put powder on, and I again douse him with perfume. I then say, 'How can I get powder on without getting it all over your suit?'

22 Fantasy: My son looked so trim in his new knickers and new lumber jacket as he started for school. I looked at him with pleasure, and then I thought, 'What if an automobile should knock him down and crush his firm, vigorous body, and he should be brought to me with broken bones, frightfully mangled and bloody.' In this horrible picture-flash, the damage done to his clothes seemed to stand out with perverseness as important.

Even worse things than I do now. Perhaps that's why I am afraid not to have a cat around. Yesterday as I was sitting alone in the house I heard a noise, a light footstep like a cat's. I wondered if it was my son getting out of bed and stealing downstairs. I became more and more afraid, and said under my breath, "Don't come, don't come in". I felt if he did I would give a yell and jump at his throat.' She reported the following fantasy:

> It seemed to be a part of the procedure for my son to kill me by giving me several stabs and drawing blood; or were they only pin pricks? The finality of the thing is horrible to me, yet it is overlaid with a feeling it does not all have to be, and thus is not actually so horrible.

There was some discussion of intercourse as being knocked down and rolled over by waves; a dream of her son's drowning and of being told while swimming, 'That's where your mother disappeared' (drowned). Then she had the following dreams:

> I am in a Maine house with a man and his wife. The man is old and gentle. He has bad heart disease, which at first I do not realize, but then he seems to say, 'Would you like to hear how I breathe if I lean over or climb steps?' I do not wish to hear, and yet with a part of me I do. Meanwhile I am picking things up so that he will not have to exert himself.
>
> I seem to have drowned two cats. They were in a washtub at the back door. I tried not to see them. Then I felt appalled at what I had done and pulled out the female cat and she came to life again. Then there was something about a woman or a man having a heart attack and dying. This person is laid-out but party preparations are going on just the same. Food is being prepared.
>
> My husband seems to be shut in a dark closet. It looks like my linen closet minus shelves. He hears strange and terrifying voices while in there, so I offer to go in with him. It sounds like nothing human, and suddenly it becomes clear that it is swarms and swarms of birds. (I have several associations with this: one of death, and one of extinction. We

might as well give the earth up to the vermin.) The birds are waiting to attack us. We steel ourselves to go out and meet them. We duck our heads and rush out as if in the teeth of a storm, and a thousand pecking bills come at us—or me, since I have now lost all sense of my husband's presence—and there is a rushing, whirring sound of wings.

The next scene which seems intimately connected with this one is of being put through an ordeal-by-fire, only fire is not actually involved. The thousands of birds (yellow or black like a snake) have been succeeded by an enormous giant who is going to crush and smother me and press the breath out of me by lying on top of me with his enormous weight. This time my son is my companion and he passes through the test first, and though possibly tortured (this is not particularly a part of the dream) comes through successfully. I, going through my ordeal, feel it is nip and tuck whether I can 'take it' or, in fact, survive at all. The smothering pressure of the great giant is a graphic torture experience. Then things seem to straighten out somewhat as if it were not this horrible nightmare but that the giant and I were able to confer and talk things over.

'I have been in a condition of hopelessness about this asthma—a sort of panic that I would not be able to throw it off.'

Relating specifically to attacks of hay fever (woman patient):[22a] Relative to the first attack of hay fever during the analysis the patient spoke of its being indecent to have a big red nose, that she wanted to kill her husband when he blew his nose, that nasal discharge was like semen, of the indignity of being hit on the nose, of her youthful interest in picking her nose and eating nasal discharge—which she associated with masturbation—for which she was punished by being shut up in a closet. She later remembered that it was her father's closet, and that if her mother's clothes had been there she would have wiped her nose on them and spit on them, but instead she had busied herself playing with her father's trousers, trying

[22a] Note also p. 41 ff.

to fit her hand into them and seeing where his penis would be. It was a stuffy closet, and her head got stuffed up and she felt as if she could not breathe or move.[23]

The patient's depreciation of the female rôle, her assertion of masculinity, her fantasies of the illusory penis, of the dangers involved in sex and motherhood, are illustrated but with somewhat different emphasis in the following dreams which bore a specific relationship to her attacks of hay fever:

> A woman was going down a steep stairway. I was terrified she would fall off. And then I didn't care. It may have been at the bottom of the stairway that there seemed to be a sort of court and buildings for animals. Someone is trying to pack away some baby lambs in a revolving thing made up of sections each of which might look like a cradle. I am amazed that they can be made to jump in and that they do not smother.

> Somewhere I am driving a car with the baby in my lap and either you or mother are beside me. The baby may be plucking at my arm, and I am wiping my nose with the other hand. I say aggressively, 'Does it make you afraid that I can't drive?'

The first serious attack of hay fever during the analysis occurred at the end of four months, when the patient was planning for an annual visit to her parents but before the ragweed season. She was very much occupied with the question as to whether or not she was justified in going because of leaving the analysis, that is, leaving the analyst. Her nose and throat were so stuffed up that she could scarcely discuss the matter. She said, 'It's as if I had hay fever, but I've never had it in the winter before'. On the last day she had a dream she forgot to tell until her return, of seeing a tall, rich patient coming in a car to take her place with the analyst. (She had begun to feel upset because she was paying a low fee.)

[23] Freud, Hárnik, and Fenichel have discussed the fact that the idea of being smothered is widespread and underlies every fear of death; hence anxiety connected with respiration is not necessarily connected with the castration theme nor with a defense against respiratory eroticism.

Actually her first attack of hay fever was immediately after her discharge from the hospital after the birth of her first child who was named after her father. She said, 'That summer I had to put wet cloths over my eyes to keep from tearing them out'. The hay fever was cured by drinking alcohol at a party given for her on Labor Day. About her labor she said, 'I felt smothered. I kept saying "get me out". Something was being torn out of me.' To alcohol she had the following associations: her father used to drink too much although she 'couldn't really believe he did anything he shouldn't'; her mother said he didn't know what he was doing when he had been drinking, and tells the story that when the patient was two years old, one evening when her father was drinking beer, the patient stole the bottle and consumed its total contents after which she staggered around the room, saying, 'Now I'm drunk and can do anything I want to do, just like father'. She continued, 'I loved myself all the time I was pregnant, but somehow I didn't like having a child. I remember when the baby was first brought to me the thought went through my mind, "You'll never be the same again". I had a sense of horror and loss. I guess I'm terribly tied up about motherhood.'

> I had a dream of kissing you to give you my cold. I thought you'd run for a disinfectant but it wouldn't do any good. I woke up nearly suffocating and unable to breathe.

'Right now I would like to blow smoke down your throat, and give you hay fever and maybe asthma too.' As the patient became less primitive in her fantasies she said, 'Anyway you can't cure the hay fever, and if you don't cure the hay fever you'll be a failure. You'll be less good than a man, and people will say it's because you haven't a penis.'

> Instead of my husband lying back of me it seemed to be you, or rather it was not so clear cut as that. My first intimation that I was having any thought process was startling myself in my drowsy state with the thought: 'But you have no penis'.

> Perhaps there was danger of my lying in a position where the penis was so close to my anus. I had a sensation of perversions. I dislike putting this in words because I feel it is exceedingly dangerous. How can you bear having no penis?
>
> A tall dark-haired woman—the sort of woman I am afraid will win all the men—turned to go into the room, and I saw that she did not have any clothes on below the waist, or at least her dress came down below the buttocks. There may have been a strap across the waist. It seems like the way a horse is harnessed. I burst into laughter, and then tried to check it and conceal that what I had been laughing at was that she was menstruating.[24]
>
> I was the male of a twin brother and sister. We were dancing and I was holding my sister very close. I was afraid people would think this was not very nice. At first I thought I could tell them this was my sister and then I wondered how I could prove it.

The details of the dream material are important not primarily for their inherent contribution but because these dreams are directly associated with attacks, and it seems valuable to contrast the differences in content and emphasis of the hay fever dreams with the asthma dreams. These same emphases were found in the dream series produced by the man with asthma and in the dreams of the man who had hay fever.

Relating to attacks of asthma and hay fever (male patients): It is typical that hay fever first developed in one male patient at the age of five when he was sitting alone, hating his mother and his nurse, wishing he could be like his father, thinking about his big brother, and then seeing a bull 'attack' a cow. 'Her vagina suddenly seemed to be an open wound', and he had a recurrent nightmare of different animals, himself included, having something jammed into an open wound by an enormous giant. He had dreams of being a giant and of doing the same thing to other people, of cutting them up,

[24] This dream and the dream noted on p. 43 are examples of the relief by way of laughter which is characteristic of these patients.

of exaggerated potency, of murder. He reported another recurrent dream of a cow standing with her hind quarters torn away or shrunken and bleeding, a two legged cow that had just given birth to a calf and was too weak to feed it.

The following dream series constituted a program for the patient's struggles with the problems outlined:

> I was walking in Central Park, but it was really Soviet Russia. A harlot was making up to me, but I excused myself saying I had to go back and get my coat or mother would be worried. Then I went somewhere to a rendezvous with a bug exterminator. There were two lines of wasps on the wall and underneath some caterpillars. I was supposed to chisel them off and a caterpillar fastened itself on the back of my left hand. I tried to pull the caterpillar off with my right hand. It took some of my hand with it. You know I have a morbid fear of caterpillars. Once when I was four or five I discovered a slug in the woods. It looked just like a part of me that had come off, my penis. At about the same time something nearly tore off my left forefinger.
>
> Then I was sitting in a tree trying to cut off a rotten branch—wish it had been mother. I used to cut up birds. I cut off their heads and legs and wings and thought of eating them, and imagined they were mother.
>
> There was a nice square cut out around a house, and an oil trench around so that no bugs could get across from the jungle. (When I was little I used to imagine that would keep bugs out of crops.) That was to keep away thoughts of masturbation. They are persistent, buzzing around you like wasps.
>
> Then I was a prisoner in Siberia and two impersonal people came to punish me and a boy friend because we'd done something bad. The guards were going to kill us when somebody said there were some priests nearby who would protect us because they were untouchables. My boy friend went in. I waited because I was afraid of the dirt and somehow knew their hut was full of mice with teeth.

The material given by the asthmatic man was characterized by the following dream, in discussing which he suffered the first asthmatic attack during the analysis:

> I was walking down a narrow street between a high cliff and a precipice. I saw a drove of animals dashing down this road towards me, kicking and biting. I was terrified, seeing nothing for it but to be dashed over the precipice, or trampled by them. The leader, with huge teeth, approached me. I stood still, unable to breathe, and just as I was about to be attacked by her, I slapped her in the face, making her dizzy so that she fell over the precipice. Horrified at what I had done, I awoke, gasping for breath.

In association with this dream the patient gave the story of an attachment to a girl who had been motherly to him on several occasions when his wife had failed him. This girl had huge front teeth and has always reminded him of an animal. He then spoke about his mother and recalled the fact that, on the day of his first attack of asthma, his mother had accused him of improper sexual behavior with a girl he had just been to see, and he became so angry that he had slapped his mother in the face. He said he felt as if something had been dashed to pieces, he didn't know what, and as if he had lost his mother. This memory was recalled against a great deal of resistance and was followed by an incapacitating attack of asthma of which the patient later said, 'I don't know what is happening to me. This treatment is certainly making me worse. Never before in all the twenty-nine years that I have suffered from asthma have I had an attack during the winter. This room, you, are smothering me just as mother used to. I left home to keep from killing her.'

This patient's productions, anal and oral, were similar in quantity and quality to the productions of the woman patient which were especially related to her asthmatic attacks. He also had the fantasy of his body as a penis; his asthmatic attacks could be relieved only by having his body rubbed. He was

much preoccupied with the question of whether it was more efficacious to be rubbed by a man or by a woman. This anal-oral emphasis was not present in the man with hay fever.

Summary of Analytic Material.

In all three patients the element of separation from the mother was important in connection with the two allergies under consideration. Particularly important was the shifting back and forth from the struggle with mother to the struggle with father. The following dream, reported by the woman, is illustrative:

> I tell my father and mother I never wish to witness another scene between them, and I won't stand it. They retire to their room, mother in anger, threatening to leave if that is the way I feel, and father silent. Mother's anger and threat to separate herself from me are terrifying to me, as always, but father's enigmatic attitude is the focal point of terror—what is he keeping shut up? How does he really feel? Will he cast me out forever? Will they both? Will they be right in doing so?

The demand for love coexisting with a fear of love and revolt against it seemed to keep all three patients in a constant state of vibration between activity and passivity, between love and hate. They feared both love and loss of love; all spoke of fear of being held too tight—'smothered with kisses'—as well as of fear of sexual activity and of separation and rejection.

With hay fever the major emphasis was on repudiation of the female rôle, the maintenance by the woman of the fantasy of an illusory penis, and acts of aggression toward women. The woman's hay fever started when this problem had been stimulated by childbirth, which on the one hand increased her identification with her mother, and on the other deprived her of a penis. In the man the hay fever started and remained associated with fantasies of childbirth and torment of the female, as well as of the female with a penis.

Asthmatic attacks were associated with dilemma situations as described. With the woman, asthma and coughing began after her marriage which involved leaving her mother, and was in part an expression of aggression. The attacks recurred in similar situations. The same is clear in the case of the asthmatic man.

In the material concerned with hay fever the nose has the significance of a penis, whereas in the material relating to asthma (as well as to the spells of coughing and choking) the whole body is fantasied as a penis, an anally chewed and swallowed penis; the body tingles like a penis and has to be rubbed, the neck gets stiff and coughing (sometimes vomiting) is an orgasm. The element of aggression and sadism together with masochistic tendencies was much more prominent in association with asthma.

Comment on significant dynamic trends: Review of this material in terms of content and of quantitative predominance of various themes is inadequate without some comment on behavior patterns both during and outside of analysis. Those of importance here are obvious in the material given but deserve special note.

A striking factor in the foregoing dream series is the direct expression of homicidal impulses associated with impulses to self-injury. As the analysis progressed and the separation of subject matter from affect decreased, these impulses became more marked in symptom-free periods, alternating between homicidal and suicidal impulses. Examples are the following:

> I seemed to be trying to fix a drink of medicine for my son, except that he seemed to be a small girl. I was digging down into the plush seat for the ingredients, and I seemed to have some misgivings about finding sawdust, and wondered if there would be any poisonous dye whether he would die.

> What if I had taken and banged my head on the window sill as hard as I could? I would then be brought back to reality and begin to moan softly (so as not to disturb anyone too much) and perhaps my head would be gashed, and blood

would come, and then you would ring for your secretary and say, 'Get bandage and adhesive tape'. Do you keep that ready too, as well as the revolver?

These patients display an unusual directness and vividness in their dreams. It may be noted that the generally outspoken character of these dreams was not the result of familiarity with analytic theory or interpretation. Of these patients, the woman and the man with hay fever had had absolutely no contact with analysts or analytic literature, and a minimum of interpretation was given, all of it along common sense lines. Except for measures necessary to control tendencies toward acting out, the analyst was particularly passive throughout.

The tendency to hold the analyst responsible for everything (shown by most patients in some way at some point in analysis) was shown by these three patients in an exaggerated degree. They not only used their impulses toward violence as threats or pleas, but also tended to act them out, insisting that they were driven by a force they could not control, and that it was up to the analyst to do something about it. Although they were indecisive in everyday life, in relation to the expression of these impulses there was little margin between fantasy and action. Quite apart from the significance of this reaction in terms of transference, it is characteristic of patients with somatic symptomatology, and in these particular patients it was carried over to the impulses against which the somatic symptomatology seemed to be a defense.[25]

The woman had a waking fantasy that she had seized her son, hit him on the nose and cracked his skull open with a hammer. She took great pleasure in imagining such newspaper headlines that might appear as, 'Model mother kills son with a hammer as result of analysis by Dr. Dunbar'. She once said, 'I don't think I'll go insane but people often have accidents during analysis, and I suppose they commit crimes too. What would you do if I broke my leg and had to go to

[25] *Cf.* Dunbar, Wolfe, and Rioch (*16*); and Part II, forthcoming Am. J. Psychiat.; also Ackerman (*1*).

the hospital? It would be your fault so you'd have to come there to see me, wouldn't you?' The following dreams also are illustrative of this reaction:

> I am lying just off the curb and an automobile swings around the curb so as narrowly to escape me. *I seem to have deliberately put myself there and be waiting to scold them and have them arrested for their carelessness if they kill me!*
>
> I seem to be dressing in full view of the audience. I am particularly troubled because my corsets are so ugly. There is so much of them and they are boned, not what the other girls wear, and perhaps because they are soiled. I have a sense of, 'Should I be dressing in front of people like this—yes, no, yes, no'. I keep on for awhile saying, 'Why, it's all right'. But then I suddenly retire to one side where the protection afforded seems to be by bushes and shrubbery, and I think they can really see me, but at least I am not in the center of the stage in the main line of their vision. *If they see me it is their fault and not mine.*

'I suddenly had this idea: what if I got word that my father had killed my mother? I thought after receiving the news, "I must take my father's part. I must make people understand, instead of judging by a rigid moral standard." But then another feeling welled up in me: "At last people will realize how I could be a sick, badly damaged personality, if I grew up in an atmosphere where people wanted to murder each other. They will believe I need an analysis." ' At this time she had been troubled by comments of friends who knew of her analysis—to the effect that they would think she was the last person to need it.

'Several times lately, as my husband has been asleep, I have had a sensation when near the head of his bed, "What if I should hit him over the head and kill him?" Once or twice I had in my hand an empty beer bottle I was removing from the night table.' She dreamed:

> I am being tried for murder and you have to defend me. I am not sure whether you will or not. But first you seem to

be trying to help me. Your main argument seems to be, 'Can't you see she hasn't a single scratch herself and she is the kind of person that can never hurt anyone else without hurting herself too?' And then you say, 'It's no use. The public isn't educated. They don't understand.' Then I get an awful attack of asthma and nearly choke to death. Would that make them sorry and realize I was sick? Would you be sorry or would you be angry with me? You'd have to help me, otherwise people would say, 'Now you see what psychoanalysis does'.

Observation and management of such tendencies as these are always important but they were of particular importance in the analysis of these patients.

Changes in their muscle tension and breathing give additional clues.[26] In general they belong to the group whose tension is jerky and variously localized, rather than generalized and controlled.[27] As they improve they become more relaxed, and at the same time less likely to act impulsively. The following dreams accompanied such improvement in the woman patient:

Somebody made me a fleecewool cap like a child's. I was pleased but it blew off into the traffic and I had to chase it and seemed to be in great danger of being run over. I seemed to go faster and faster, but my feet were leaden as if I were walking in quicksand. I finally called someone to catch it for me. Perhaps a man. Then it became a cat. I finally captured it and picked it up. It is our small, gray, stray kitten. My feeling is one of motherliness, care, protection, shelter, but suddenly a fear breaks through. It may scratch me. It is dangerous. I must not betray my fear. It must not be recognized in the look between us, or the kitten will become a wild animal and tear me.

[26] The work done by Alexander and Wilson (Chicago), and Deutsch and Finesinger (Boston), with instruments making possible the recording of some of these changes is highly valuable.

[27] *Cf.* Dunbar, H. Flanders: *Psychosomatic history and techniques of examination.* Forthcoming Am. J. Psychiat.

> There was at large a wild animal of the cat family, and it seemed to be necessary to catch it just above the paws, where the wrists on a human would have been, so it could not claw you. Then it became my son whom I had to catch by the wrists—or was it a reciprocal process, he also trying to catch me by the wrists and thus it became a game, half play, half a frightening thing.

Much later in the analysis she dreamed:

> I was sitting in your chair and you were standing behind me and a little to one side watching me. You had put a little kitten in my lap and I liked it. I began to play with it and thought, 'Isn't this funny. I don't seem to want to choke it. Perhaps you are just testing me out to see if I have improved.'

There could be perhaps no better conclusion to these comments than the patient's own description of her ambivalence. She said, 'I wanted to go into your toilet. Someone was there. I was angry. I said to myself, "Why should Dr. Dunbar let anyone else go into the 'holy of holies'?" I thought, "It's funny to call a bathroom that". Then it occurred to me that my whole trouble was that *my love and hate are intertwined like two snakes,* and not only do I never feel one without the other, but usually *both are so intense that my total feeling is a peculiar kind of agony in which I don't know who is being hurt and I choke to death.*'

Summary and Conclusion

What can we say about our observations? Do they throw any light on the syndromes of hay fever and asthma? From the foregoing it is clear that all three patients showed:

First, disturbances of sexuality involving alienation from the female rôle in the woman, and feminine identifications in the men. This element is of course non-specific, being present in some form in all neuroses.

Second, a marked predominance of anal and oral sadistic material, involving sexualization of the respiratory function and great interest in the sense of smell. This was particularly

pronounced in the two patients with asthma, involving the fantasy of the body as a penis, and permeation of speech and thought with significances suggestive of post-phallic oral and anal organization. In the patient with hay fever, as well as in the analytic material which related specifically to the hay fever from the patient having asthma too, the emphasis was more definitely phallic. These findings again are not specific for asthma and hay fever, being characteristic of compulsion neurosis, and of other organ neuroses. It may be noted that the predominance of anal material and aggression in the asthmatic cases is so general a finding that it is probably to some degree a relevant coincidence, as is also the general impression that the asthmatic character is compulsive, but these statements themselves leave many unanswered questions.

Third, although these patients have compulsive characters, they seem to develop few protective rituals or phobias except in periods of freedom from somatic symptoms. Their marked ambivalence does not separate them from reality, as does the ambivalence of schizophrenics,[28] nor does it bring about a deadlock rendering all action impossible, except by the roundabout means—or perhaps better, the short circuit—of somatic symptomatology. Their hostility seems constantly on the point of being carried into action and they are in constant terror. This may account for the fact that in the cases reported in the literature, the symptom-free periods are said to be characterized by cyclothymic behavior, although this does not seem to be an adequate description.

Fourth, there is not only intense hostility and aggressiveness but also a marked tendency to act these out. In other words, there seems to be little intervening between fantasy and actually doing what is fantasied. The dreams also, especially those ending in attacks, present these impulses pretty

[28] Fenichel suggests that asthma is an in-between stage on the way to schizophrenia. H. Richardson, Kasanin, Sleeper, Ebaugh, Strecker, Jelliffe, Nickum, and others comment on the absence of allergy (asthma and hay fever) in schizophrenia. *Cf.* (37).

directly with little symbolic elaboration or evidence of censorship.[29]

Fifth, a weak ego organization with an inadequately assimilated superego, which is further projected and externalized during the analysis, creates a difficult problem in management.

It is possible that in these three latter observations there is one reason (we must always include somatic predispositions and compliance) for their taking recourse to, or advantage of, somatic symptomatology of an incapacitating as well as punitive nature. This symptomatology is, of course, in kind such as simultaneously to satisfy the impulse in question in a roundabout way. Finally, it is essential to realize that in these syndromes we are dealing not merely with libidinalization of certain organs and functions but also with an important element in the patient's relationship to his evironment, and his whole ego development.[30]

Review of the Literature [31]

How do these tentative findings fit in with what we know from the literature about asthma and hay fever?

We know that the symptoms of both may be brought about or eliminated by hypnosis and suggestion *(13,* p. 264 ff.). We know that specific attacks of each may be precipitated by psychic stimuli *(2, 10, 38b, 41, 42, 45).* We know that when the symptoms have been eliminated psychotherapeutically *(35),* skin reactions to specific allergens may remain *(38a),* and we know that there are times when even sensitive patients can stand the allergens without producing symptoms [32] *(4, 12, 26).*

It has been demonstrated furthermore that psychic factors play a rôle in the skin tests themselves *(25, 34).* We know that allergic reactions are most often found in individuals of a specific type *(27, 29, 41),* according to Kretschmer the lepto-

[29] *Cf.* p. 56 ff.

[30] *Cf.* footnotes 23 and 28.

[31] Figures in the text refer to appended bibliography.

[32] The Connecticut State Hospital showed a high percentage of food sensitivity but few cases of allergic reaction (3).

some, that is the individual with slender body, oval face, and small bones; an endocrinological opinion is that asthma and hay fever are found especially in the hypopituitary type *(25, 29)*. We know that hypersensitivity is a variable factor, changing with geographic conditions *(18, 36)*, periods in life, endocrine, metabolic changes, and so on.

Some physicians are completely unwilling to recognize any psychic factors in allergy *(19)*, and on the other hand some consider at least asthma to be a neurosis *(20a, 40)*. Most physicians agree that the psychic factor is a determining and perhaps the determining factor in etiology and therapy *(20a, 41, 45)*. The most important contributions have come from those who realize that although specific events in the emotional life may precipitate specific attacks or determine localization of allergic skin reactions *(8)*, the real etiology lies in the total personality structure, psychologically and physiologically considered [33] *(20, 34, 44, 48)*.

The observations concerning the three cases reported are in agreement with the general literature in the field on such points as the following:

The syndromes have been (at least temporarily) eliminated psychotherapeutically, the skin reaction to the specific allergen still remaining.

Specific attacks were sometimes precipitated by specific traumatic occurrences, but these occurrences derived their importance from the total personality structure, and were all of such a kind as to bring specific mechanisms into play; in other

[33] Some findings as to psychological mechanisms have been given in this paper, with references to the literature. An important suggestion as to mechanisms physiologically considered comes from Metalnikow (*33*) who demonstrated in animals, caterpillars, rabbits, and guinea-pigs, an effect of the nervous system on inherited and acquired immunization. (In caterpillars extirpation of the third thoracic ganglion prevented this. In rabbits and guinea-pigs a conditioned reflex brought into play by diverse stimuli provoked discharge of agglutinin, alteration in blood count, etc.) Hence, it is possible that the vegetative disturbance accompanying intense conflicts may make an organism susceptible to substances not generally pathogenic, a phenomenon which may disappear with restoration of equilibrium.

words just any shock and merely exposure to the allergen is not an adequate stimulus *(5, 34, 43, 46)*.

There was an alternation between symptomatology in psychic and somatic spheres to which attention has been called *(16)*. The woman became hypomanic and homicidal in the symptom-free periods, whereas the men were depressed.

All three had allergic heredity but also exposure which is a fact that cannot be sufficiently stressed in discussion of this aspect of the problem *(16, 34)*.

All three showed the general personality traits stressed in the literature, although these are further defined through analytic study. It has been said that patients with asthma and hay fever are ambitious, hyperactive, self-absorbed and mentally sensitive *(29, 37)*, and that patients with dementia præcox are immune to the influence of pollen; the material given supplies some further background for this latter clinical observation made by Nickum and others, as well as for Fenichel's suggestion in this respect.[34]

Some two hundred articles on asthma and hay fever published in the last four years [35] were reviewed in connection

[34] *Cf.* footnote 28. Also Balyeat (Balyeat, R. M.: *The general health and mental activity of allergic children.* Am. J. Dis. Child. XXXVII, 1929, p. 1193) who like many others asserted that allergic children are above the normal level of mental activity. Most such theories concerning allergic children assume a greater speed of propagation of the nerve impulse or a shorter reaction time. Piness, Miller and Sullivan (Piness, George; Miller, Hyman; and Sullivan Ellen B.: *The intelligence rating of the allergic child.* J. Allergy VIII, 1937, pp. 168–175) undertook a thorough statistical study of this matter finding that 'allergic children show neither the alleged mental superiority nor any apparent mental retardation, when compared with the nonallergic children of the same age group and environment'. As a matter of fact 'the allergic group showed slightly more school retardation than would be expected if their illness had not handicapped them'. This general clinical impression concerning allergic children is interesting, however, in view of the observations given in this paper. It may have resulted at least in part from the extreme emotional tension and ambition of these patients together with the directness with which impulses to aggressive action break through into consciousness and tend to be carried out. *Cf.* also Friedjung, J. K.: *Die asthmatische Reaktion.* Ergebn. d. nn. Med. u. Kinderh. LII, 1937, pp. 76–159.

[35] The previous literature is reviewed in Dunbar *(13)*.

with the present study. Of these only some half dozen make any real contribution to our problem.[36] Perhaps the most promising work is in process of being done.[37] Carl Binger *(4)* reviewed some of the literature concerning the respiratory function in general, calling attention to the fact that psychic factors have been found significant even in tuberculosis and pneumonia, to say nothing of asthma, but stressing the importance of both sequences, physiological and psychological. We will be able to go beyond such statements as these only when we know more about organ choice and the specific relationships of specific syndromes.

We can do more, however, than merely observe time coincidences of these series. We can observe the general characteristics of groups of patients with diverse somatic complaints and we can give particular attention to the unconscious material directly associated with the onset of illness and with attacks or their alleviation. The aim in this paper is to make available clinical material described in some detail, and to call attention to certain prominent personality trends which may be either accidentally or relevantly coincidental with the somatic syndromes. Although the somatic syndromes cleared up with the treatment of the psychic pathology, the present suggestions as to relevant elements may or may not be correct. The material has been presented fully in order to facilitate comparisons by others working on the same problem with their own clinical experience.

Although we are just beginning to use psychoanalysis in this field, it is one of our most valuable instruments for psychosomatic investigation. When used in conjunction with careful observation of physiological sequences, it becomes at least an entering wedge into the psychosomatic problem, perhaps the most vital problem confronting medicine today.

[36] A few more are included in the appended bibliography merely for illustrative purposes.

[37] By Alexander and Saul; also Deutsch and Finesinger.

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THE DRIVE TO AMASS WEALTH

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Is there an instinctual drive to amass wealth? There appears to be no possible doubt about this. We meet this drive every day and in widely varying degrees in different people. It can assume pathological forms, for example, in the miser, who in order to become rich foregoes the satisfaction of other more rational needs, or in the person who strives to become wealthy in order to ward off a fear of impoverishment and the like. The drive has normal forms; indeed a person in whom it is completely lacking will in our society be considered abnormal. It manifests itself actively as acquisitiveness (with the fundamental aim of taking money away from another in order to have it oneself), as well as passively—with the essential purpose of being supported on an oral level by the strength of others, represented by money.

If we remind ourselves that Freud in Instincts and Their Vicissitudes[1] has rightly said: 'Now what instincts and how many should be postulated? There is obviously a great opportunity here for arbitrary choice. No objection can be made to anyone's employing the concept of an instinct of play or of destruction, or that of a social instinct, when the subject demands it and the limitations of psychological analysis allow of it'; then there can be no doubt that we may call this tendency to accumulate wealth an instinct.

Doubt can, however, exist concerning the *genuineness* of this instinct. I continue the above quotation from Freud: 'Nevertheless, we should not neglect to ask whether such instinctual motives, which are in one direction so highly specialized, do not admit of further analysis in respect to their sources, so that only those primal instincts which are not to be resolved further could really lay claim to the name.'

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[1] Freud: *Instincts and Their Vicissitudes* (1915). Coll. Papers, Vol. IV. London: Hogarth Press, 1925, p. 66.

Money is certainly not something biological and has played a rather varying rôle in different social systems. The question of the nature of social institutions, and of the method by which they can be investigated, is indeed a controversial one, particularly among authors who are concerned with the application of psychoanalysis to the social sciences. Some psychologists deny the remarkable process by which the relations of human beings to each other and to outer realities become independent entities or institutions, which then (not further derivable psychologically) act from outside as stimuli upon human beings, influencing their behavior. These psychologists will probably look upon the drive to become wealthy as a subdivision of an instinct of possession, itself biologically determined (its source would be anal eroticism); indeed they may look upon money itself as something which people endowed with this instinct have invented as a convenience, in order to satisfy the instinct with it. Sociologists, on the other hand, will be of the opinion that the craving for riches can arise only in a society in which the possibility actually exists of gaining real advantages and prestige by money and of becoming wealthy without performing work (that is, through the exploitation of the labor of others).

At the outset we have the impression that the truth must be found half-way between. Biological facts are modified by social facts (for example, the existence and function of money). This problem is to be investigated more closely in the present article.

If we remember that psychoanalysis looks upon every psychic event as the resultant of an interplay of essentially biological instinctual structures and outer stimuli acting upon them, further that the social institutions in question evidently comprise a substantial part of these outer stimuli that modify the instinctual structure of mankind, then we recognize in the problem of the drive to become wealthy a particularly good subject for the investigation of the reciprocal action between a relatively primary instinctual structure and the social influences modifying it. This reciprocal action is extremely com-

plicated. Not only do social influences alter the instinctual structure, but the thus modified instinctual structure reacts again upon social reality through the actions of individuals. In the face of the complications prevailing here, what follows is intended only in the nature of preliminary remarks, self-evident considerations, in order to make possible an approach to the problem.

Why indeed does a person wish to accumulate wealth? Many quite different motives suggest themselves:

1. Because one is right in believing that the more money one possesses, the better can one satisfy one's needs. We may call this the *rational* motive. (It becomes irrational when one has illusions about the real possibilities of becoming rich.) This motive exists only when money has social validity. Its biological basis is the total of all other human needs, not to be specified here. Only the external fact that one can purchase with money the satisfaction of needs, gives this motive the form of a drive to become rich.

2. Whoever has money can satisfy by means of it not only his own needs, but also those of others. He who has less money is dependent upon him who has more. In our society the possessor of money is honored and truly *powerful.* Now among all human needs, whose satisfaction can be bought with money, particularly conspicuous are those which we call 'narcissistic'. The drive to become rich appears to be a subdivision of that 'will to power' which first Nietzsche and later Adler so emphasized. The existence of such a striving cannot be denied. There remains the task of investigating its nature more closely. The types mentioned in the introduction, who are burdened with a drive to become wealthy because they wish to escape a pathological fear of impoverishment, can be included here as a subdivision. The analysis of fear of impoverishment shows that the loss of love and of possessions that is feared means always a loss of self-regard, a diminution of power.

3. The will to become wealthy appears as a subdivision of a desire for *possessions.* The origin of this striving has been analytically explained in detail. In the deeper layers of the mind, the idea of possessions refers to the contents of one's own body, which could be taken away. In this connection money—like all possessions—assumes the rôle of parts of the body which one could lose, or which one wishes to regain after the fantasy that they have been lost, and especially the rôle of fæces, which one wishes to accumulate.

4. To these motives for the drive to wealth familiar to the psychoanalyst, there is added a fourth that is of quite a different nature, and whose relationship to the motives previously discussed represents our problem. Our system of production has become historic: it is an economy of commodities which does not produce in order to satisfy the needs of the producer directly, but in order to create products for sale, benefiting the producer only indirectly; and in such an economic system a certain commodity, *labor,* has the characteristic of producing greater value than its own market price. The possessor of money can therefore transform it into capital, which means that he can purchase both means of production and labor, and because the product belongs to him he can increase his possessions. Whoever produces on a 'higher scale', whoever has at his disposal greater capital (means of production and labor), can thereby produce more systematically and therefore more cheaply, so that the producers on a 'lower scale' must be driven from the field. This is the cause for the accumulation of capital, for its more and more rapid concentration in fewer and fewer hands. It forces the capitalist under penalty of his own destruction always to produce on the maximal scale. The tragedy of our system of production is that on the one hand for the maintenance of production, an accelerating increase of it is necessary, and that on the other hand, the purchasing power of the masses is at the same time always more and more diminished thereby. It leads—and only this circum-

stance interests us here—to the fact that a capitalist, under penalty of his own destruction, *must strive to accumulate wealth.*

If we add to this the fact that the ideology of a society (the views concerning what is to be esteemed as good and worth striving for) is always the ideology of the ruling class, then it follows that an aim valid for the ruling class is also aspired to automatically by all other classes. That this aspiration of the masses is no mere imitation of the capitalists, but is systematically nurtured by present day education in order to create illusions about the true class relationships ('Every soldier carries a field-marshal's staff in his knapsack'), is merely alluded to here. However, the nature and mode of action of the social ideal of thrift would certainly be worth a detailed investigation.

What is the relation to one another of these four sources of the drive to accumulate wealth? The first three are of a purely psychological nature and can be investigated by the psychoanalyst with respect to their soundness, significance, mode of origin, normal and pathological outcomes. The fourth source depends psychologically upon a single general instinct of every living thing, the instinct of self-preservation, and shows us that external forces allow the self-preservation of some people—namely the capitalists—only on the condition that they accumulate wealth; accordingly what is essential in this motive would be those external forces. Accustomed as analysts to take the individual as our starting point, let us begin by investigating more closely the first three motives.

1. *The rational motive:* If a person actually were rationally disposed, there would be no drive to become wealthy, but only a reasonable ego which had gained experience in regard to its requirements, and even in their latent state, when the requirements were not acutely pressing, would provide in advance that in case of need an optimum possibility of satisfaction should exist. Here there appears to be no problem whatever. The

problem springs from the fact that not all people are given the same opportunity for such rational accumulation of wealth, and that concerning this fact obscurity prevails.

Thus we come to the broad problem of propagation of the ideology of an enduring social system, the investigation of which represents the principal subject for psychoanalysis in its correct application to sociology. How does society succeed in maintaining without rebellions a state of affairs in which a majority of its members are prevented from satisfying their most primitive needs, when goods for their satisfaction are at hand in large quantities? It succeeds first by force, through the fact that in the mind of human beings a force acting contrary to their needs is produced by the influence of the environment upon the instinctual structure, namely fear of the institution of penal justice. It succeeds, however, not only by external force, but also, so to speak, through cunning, and as one of the tricks (among many others) the production of a drive to become wealthy is characteristic. For situations of deprivation are easier to bear when they are coupled with fantasies of a better future. The sight of envied, better situated people is more easily borne when the psychological possibility of identification with them is present. Society's ideal of 'thrift' serves to obscure true class relationships and to create illusions concerning the possibilities of personal social advancement.

It is clear that the action of such an ideological influence must be strongest in those classes whose hope for the future can still be sustained by a memory of the past, especially among the petty *bourgeois* thrown into penury by the advance of capital accumulation, who by their thrift hope to regain something lost, more than among proletarians who have never possessed anything. Thus is explained the often noted circumstance that not all people have the drive to become wealthy to the same degree, but that often just those who possess least money care least about it. This statement is, to be sure, not quite correct in the formulation just given. There are people

who have very little money and nevertheless insist with extreme tenacity upon increasing this little by a minimal amount. They are those of the middle class who, in spite of the practical unreasonableness of such an accumulation of small amounts, have through social influences the illusion of a possibility of advancement. The celebrated 'proletarian solidarity' which is ready to distribute what little it has, appears to us not so much possessed of a praiseworthy virtue as giving rational expression to the fact that with the proletarian class the first motive for the drive to get rich becomes untenable: an attempt to save is in fact without any prospect of achievement.

Through the existence of the right of inheritance, what is rational in the drive to acquire wealth extends even beyond the span of life. This is not the place to discuss in detail the structural alterations produced in the human mind by the social institution of inheritance, but it cannot be overlooked that the circumstance through which the death of a person brings to others the rational advantages of wealth, becomes a cause for death wishes and ambivalences of many kinds.

Why are money and money matters in our society so often considered 'indelicate'? It will be said that the answer to this question belongs under point 3, since this evaluation arises evidently from the unconscious equivalence of money and fæces. We are of the opinion, however, that this evaluation of money has also a rational aspect which only makes use of that unconscious equation in order to prevail. One should note what a small place in our public schools is given to instruction in finance and related fields in contrast to the enormous importance of just this field in our social system. One gains the impression that this quite general characterization of money matters as 'indelicate' must fulfil a special function in the social ideology. This function must be a negative one: ignorance about financial matters and the effort to repress them as much as possible, lead to illusions about the true state of affairs in this field and about the possibilities for a rational

acquiring of wealth, and thus belong to those earlier mentioned expedients for maintaining the present day class relationships through cunning (as well as by force).

We know how much the faithful citizen repeats towards the state attitudes which as a child he had developed towards his father, the representative of the authority with which he was then faced. This naturally does not mean that the œdipus complex must have created the state in the image of the family, but that within the state an educating institution, the family, has arisen, suited to rear authority fearing people, altered in their structure in the manner desired at the present time. The fact that in the family circle money matters (like sexual matters) are reserved for the father, who maintains his domination over wife and child through their practical economic dependence upon him, creates just that nimbus of 'the mysterious' which at the present time appertains to the financial field as frequently as to the sexual. This fact is most apparent in those layers of society where the ideological influence of the family is still strong, thanks to the economic anchorage of the institution of the family—that is among peasants and petty *bourgeois* more than among proletarians.

2. *The will to power:* Among the needs whose satisfaction can be bought and for whose sake a person strives to become wealthy (with or without prospect of success), a special place is taken by the will to power. What is it really? Why is this feeling of being powerful, of enjoying respect or honors, in itself a goal aspired to? As is well known, what is called ego psychology has only in relatively recent times become a subject of psychoanalytic research. We are beginning now to understand genetically the need to maintain a 'high level of self-regard' which is evidently identical with the so-called 'will to power'. This striving owes its origin to the fact that young children all feel themselves omnipotent, and that throughout their lives a certain memory of this omnipotence remains with a longing to attain it again.

Although the work of Freud, On Narcissism: An Introduc-

tion [2], provided us with deep insight into this subject, the questions concerning self-regard and its regulating mechanisms remained for a long time, and wrongly, outside of the psychoanalytic sphere of interest and were relegated to the individual-psychologists, who contented themselves with confirming again and again the existence of such aspirations. The first works to make progress were those of Rado [3], which, on the basis of views acquired in the meantime, fitted the question of self-regard into the psychogenesis of the ego, and led gradually to the view that today might be formulated thus: As a motive for the actions of some individuals, the need of the ego to maintain its level of self-regard has a position of importance equal to that of the instinctual requirements of the id. (But this ego striving itself can always be shown to be a derivative of biological needs originally represented in the id, which have been altered by environmental influence and are always strengthened to overcome anxiety. The 'narcissistic requirement', which plays a part in everything, including what we call love—in pathological cases a greater rôle, in normal ones a smaller—should not lead us to the point of describing love merely as a transaction that takes place between ego and superego, as if the biological force, 'sexuality', played no part in its development. Such a representation, however, seems to me to be at the basis of the formulations of Bergler and Jekels concerning love[3a].) What we know with the help of Freud and Rado about the genesis and significance of self-regard, I have attempted to summarize as follows: [4]

'After the original infantile feeling of omnipotence is lost, there is a persistent desire to recover it. This desire we call "narcissistic need", and self-regard, the index of its quantity, is highest when this desire is fulfilled and low when fulfilment is remote. The most primitive means of satisfying this need

[2] Freud: Coll. Papers, Vol. IV, pp. 30–59.

[3] Rado, Sandor: *The Psychic Effects of Intoxicants.* Int. J. Psa., VII, 1926, pp. 396–416. *The Problem of Melancholia.* Int. J. Ps-A., IX, 1928, pp. 420–437.

[3a] Jekels, Ludwig and Bergler, Edmund: *Übertragung und Liebe.* Imago, XX, 1934, pp. 5–31.

[4] Fenichel, Otto: *Outline of Clinical Psychoanalysis.* New York: W. W. Norton and Co., 1934, pp. 388–389; also This QUARTERLY, III, 1934, pp. 117–118.

is the sense of being loved. The small child feels a diminution of his self-regard if he loses the affection of others, and a rise of it if the contrary is the case. At this level narcissistic need and erotic need still coincide completely. This permits us to assume that both stem from a common model, a primal desire that could be stilled by an external source of supply. This primal desire is the baby's hunger, and its satisfaction the baby's satiety. . . . Later, narcissistic and erotic needs become differentiated from each other. The latter needs develop and modify in relationships with real objects (love and hate), the former come into relation with . . . the superego. Whenever there is a discrepancy between superego and ego, that is, a sense of guilt, self-regard is diminished, while each fulfilment of an ideal elevates it. As in the case of all psychic development, however, the old demonstrably persists along with the new; part of the relationship with real objects is governed by the sense of guilt.'

There are indeed the most varied methods for regulating self-regard. To what extent the actions, thoughts and attitudes produced by the ego (for example, defenses against anxieties and instincts) are in general guided by this requirement, is still in need of investigation. In so far as the drive to amass wealth appears to be a means of the ego for increasing self-regard, or for preventing a lowering of its level, this desire can be looked upon first as a derivative of that primitive form of regulation of self-regard in which the individual requires a 'narcissistic supply' from the environment in the same way as the infant requires an external supply of food. Money is just such a supply. Then, to be sure, in the present day economic system, especially with the circulation of the above sketched illusions concerning the possibilities of getting rich, the idea of being wealthy becomes an ego-ideal. The attainment of wealth is fantasied and striven for as something bound up with an enormous increase of self-regard.

We know that such a discussion about the fact that people wish to become rich because they see therein the fulfilment of an ideal, is very trite; but the consideration of this banality

serves to separate for us what is relatively biological from what is sociological. The original instinctual aim is not for riches, but to enjoy power and respect whether it be among one's fellow men or within oneself. It is a society in which power and respect are based upon the possession of money, that makes of this need for power and respect a need for riches.

3. *The will to possession:* Those who are not accustomed to psychoanalytic thinking will perhaps be astonished that we mention this desire as a separate motive. Is not the state of affairs with the will to possession exactly the same as with the instinct to become wealthy: in a social system in which possession presents the possibility of satisfying needs or of acquiring respect, is not possession aspired to just as a special case of the striving for the satisfaction of needs, or for respect? But just at this point psychoanalysts have discovered that behind these rational motives there are further irrational ones for accumulating possessions, and it is exactly the question of the relation between this specific irrational 'collecting instinct' and the general 'drive to become wealthy' that is under discussion.

Psychoanalytically, what is 'possession'? The word itself gives the answer: Possession is that upon which one sits.[5] [Latin: *possidēre,* to possess; from *port,* towards, and *sedēre,* to sit. (TRANSLATOR.)] Abraham, in various works,[6] showed convincingly how literally this is felt in the unconscious. It is not only said of the miser that he sits on his money, but Abraham tells how his dog used to sit upon those objects which he regarded as his possessions. What can be the unconscious meaning of such a real or fantasied action—to sit upon certain objects? Doubtless the fear that these objects could be taken away from one. Among possessions, therefore, belong objects which are endowed with a certain ego-quality, and which one fears could be torn away from the ego. The desire to possess

[5] In the German original: *Besitz ist das, worauf man sitzt.* (TRANSLATOR.)

[6] Abraham, Karl: Contributions to the Theory of the Anal Character, in *Selected Papers.* London: Hogarth Press, 1927. Chap. 23. A Short Study of the Development of the Libido. *Ibid.* Chap. 26.

a great deal appears thus to be a direct expression of the narcissistic need to enlarge as much as possible the compass of one's own ego. What does it mean, however, 'to endow objects with ego-qualities'?

'The ego is first and foremost a body-ego', says Freud in The Ego and the Id,[7] and he means by this that the distinction between ego and non-ego is first learned by the infant in the discovery of its body in such a way that in its world of ideas its own body begins to be set off from the rest of the environment. The idea of its own ego arises in the conception of its own body, in the so-called 'body pattern'. What has been termed 'psychic feeling of self' is only a derivative of this 'bodily ego-feeling'. Now the body pattern, as is well known, is not identical with the objective body. Parts of the body that are not present, such as amputated limbs, can still belong to the body pattern; articles of clothing and the like belong to the body pattern. Articles of property are thus objects which are possessed in the same way as one's own body, and they have a portion of the quality through which one's own ego is set off from the rest of the world. *Possessions are an expanded portion of the ego.*

The psychological precursor of that upon which one sits is that which is present in one's own body. Psychogenetically, the inclination to possession is a derivative of bodily narcissism and is frequently an overcompensation for fear of loss of parts of the body. We already see by means of such considerations how intertwined in their relationships are the biological and the sociological data. As soon as we believe at all in the doctrine of evolution, no biological factor is for us constant; everything is in continual flux. The drive to amass wealth seems to be a special form of the instinct of possession, made possible by the social function of money. The possessive instinct is a special form of bodily narcissism and an expression of the fear of bodily injury, made possible because of the definite social function of possessions. The fear of bodily injury must also

[7] Freud: *The Ego and the Id.* London: Hogarth Press, 1927, p. 31.

be investigated with respect to the social conditions of its origin, with respect to the questions when and why, that is, under what social circumstances the older generation begins to cultivate in the succeeding generation a fear of bodily injury.

The fear of bodily injuries, which forces on bodily narcissism the character of continually striving for the insurance of its integrity, we are accustomed to call 'castration anxiety'. This is named after the most important form of fear of bodily injury, the fear of genital injury, which appears in the fear of the consequences of sexual activity in the phallic phase of development in both sexes, but particularly in the male. Freud rightly pointed out that it would be inappropriate to give the name of castration anxiety to such precursors as the fear of suffering bodily damage through defæcation or through weaning.[8] But it is just these pregenital fears of bodily injury which are predominantly overcompensated in the striving for many possessions. Even though we know pathological forms of the drive to become wealthy in which money is in the unconscious unequivocally equated to the penis whose loss is feared, nevertheless the basis of irrational ways of behaving about money is above all the other symbolic equation discovered by Freud: money=fæces.[9] The ability to hold back and accumulate a substance endowed with ego quality, and the fear of having to lose such a substance against its will, are acquired by the young child first of all in the training to habits of cleanliness. To be sure, there is preparation for this in still earlier stages of psychic development: the infant who still considers its mother's breast a part of its own ego, must experience every withdrawal of it as such a loss of ego substance. The early sadistic fantasies of wishing to tear something out of the mother's body, which evidently take place in every individual (and can have a very varied outcome), are replaced by a corresponding fear of reprisal, the idea that something can be taken out of one's own body; and this prudence concerning

[8] Freud: *The Passing of the Œdipus Complex* (1924). Coll. Papers, Vol. II. London: Hogarth Press, 1924, p. 271.

[9] Freud: *Character and Anal Erotism* (1908). Coll. Papers, Vol. II, pp. 45–50.

bodily integrity is reactively enhanced. It is conflicts of this kind that are later transferred to possessions.

That anal eroticism has so much greater significance in the desire to accumulate possessions than oral or genital eroticism, may be ascribed to the fact that in the anal sphere holding back and accumulating can afford an experience of erogenous pleasure. It may be that the anal retentive pleasure is always secondary and is always mixed with a fear of experiencing the pleasure in excreting; at any rate the retentive pleasure does come to exist, at least secondarily, and analytic experience concerning anal retentive pleasure leaves no doubt but that it is the erogenous source of the desire for possession for possession's sake and the source of all irrational behavior concerning money. When Freud showed for the first time in his paper, Character and Anal Erotism,[10] how some character traits originate in the warding off of certain impulses, he emphasized the attitude toward money as a product of development of anal eroticism.

Ferenczi has described the ontogenetic stages through which the original pleasure in dirt develops into a love of money: [11] The pleasure in retention, whether it be primary or secondary, is the model for all 'saving'. The child's interest turns at first from fæces to the mud of the streets, then to dust, to sand, to stones, then to all sorts of made objects that can be collected, and finally to money. It is a pity that the recognition of such transformations of the collecting instinct, anal in its erogenous roots, causes even Ferenczi to see in money not something furnished by tradition and then presented to the child as an object for such a displacement, but as something which was expressly invented for the purpose of satisfying such an instinct, regarded as purely erotogenic. In such an extrapolation to phylogenesis from ontogenetic data, he is committing the same error that we wish to discuss in greater detail later in connection with Ró-

[10] *Ibid.*

[11] Ferenczi, Sandor: The Origin of the Interest in Money (1914) in *Contributions to Psychoanalysis.* Boston: R. J. Badger, 1916. Chap. 13.

heim's article on sacred money in Melanesia.[12] When Ferenczi writes concerning children's interest in stones: 'the capitalistic significance of stones is already very considerable', and believes that children collect stones out of pure joy of collecting, he betrays that he believes capitalism, too, originates from such a source. He says explicitly: 'The not purely practical appropriateness, but the libidinal irrationality of capitalism betrays itself even on this level; the child takes decided pleasure in collecting as such'. The existence of an erogenous pleasure in collecting causes Ferenczi to overlook the fact that when the capitalist strives to increase his capital, he does this on very rational grounds: he is forced to it by his competitors who produce on a larger scale. To be sure, a social system whose members are forced to accumulate because of the prevailing conditions of production or, as a reflection of this compulsion, must hold saving as an ideal for the purpose of maintaining the social system—a social system of this kind *makes use of* and strengthens erogenous drives that serve the necessity for accumulating. Of this there can be no doubt. There is considerable doubt, however, as to whether the existing economic conditions of production were created by the biological instinct in order to provide opportunity for the satisfaction of the instinct.

The varieties of irrational attitudes toward money, arising from unsolved anal-erotic conflicts, have been so aptly portrayed by Freud,[13] Jones,[14] and Abraham[15] in the classical descriptions of the anal character, that nothing can be added, except a reminder that not only the unconscious attitude toward fæces but also the attitude toward introjections of every kind can be projected on to money. One thinks of cleptomaniacs, or of the women who drain men of their resources,

[12] Róheim, Géza: *Heiliges Geld in Melanesien.* Int. Ztschr. f. Psa., IX, 1923, pp. 384–401.

[13] Freud: *Character and Anal Erotism* (1908). *On the Transformation of Instincts with Special Reference to Anal Erotism* (1916). Coll. Papers, Vol. II. London: Hogarth Press, 1924. Chaps. 4 and 16.

[14] Jones, Ernest: Anal-Erotic Character Traits in *Papers on Psychoanalysis.* New York: W. Wood & Co., 1923. Chap. 40.

[15] Abraham, Karl: *Selected Papers.* London: Hogarth Press, 1927. Chap. 23.

to whom money, which they are always striving to take away, symbolizes a whole series of introjected objects that have been withheld from them; or of depressive characters who from fear of starvation regard money as potential food. There are too those men to whom money signifies their potency, who experience any loss of money as a castration, or who are inclined, when in danger, to sacrifice money in a sort of 'prophylactic self-castration'. There are, in addition, people who—according to their attitude of the moment toward taking, giving, or withholding—accumulate or spend money, or alternate between accumulation and spending, quite impulsively, without regard for the reality significance of money, and often to their own detriment (sometimes unconsciously desired). In the unconscious mental life money can represent not only possessions but everything that one can take or give; therefore it can represent relations to objects in general and everything through which the bodily ego feeling and with it (as we explained above) self-regard can be increased or diminished.

In an article by Odier everything is collected that is known concerning the unconscious symbolism of money.[16] The wish to receive, as he says, the system c. p. (captatio-possessio= seizure-possession), represents the first relationship of all to the object world. Not until much later, with the establishment of the reality principle in place of the pleasure principle, comes the gradual development of the system o. (oblatio=offering.) The realization that one must relinquish something (first the mother's breast, then fæces), and the struggle between the desire to keep and the necessity for relinquishing, govern the psychological attitude toward money. 'The attitude toward money is already complete before the realization of the true function of money has been awakened.' However, it is not clearly expressed that an irrational desire for possession merely occupies itself with money, but does not create money. In so far as this instinctual drive is occupied with money as such, by just so much is the real function of money *damaged*.

[16] Odier, Charles: *L'Argent et les Névroses.* Revue Française de Psychanalyse, II, 1928, and III, 1929.

To deduce the function of money from such a misuse of money would be like drawing from the secret sexual meaning of walking in the hysteric, shown by psychoanalysis, the deduction that we walk for the sake of sexual pleasure and not in order to get from one place to another. What is more, the function that money actually performs in reality breeds in us a reënforcement of the anal-erotically conditioned instinct of accumulation, and not the reverse—that is, a reënforcement of the instinct of accumulation has not produced the reality function of money.

Considerations of this sort are certainly important for the understanding of the development of 'money-mindedness' in human beings, for here we are led further only by the recognition of the reciprocal action between basic instincts and social system, the latter modifying the former, and in turn the altered instinct structure influencing the social system. But nothing justifies the assertion that the symbolic significance of money is more important than its real significance or that its symbolic meaning is the cause of the origin of money—even though in Odier's tabulation of symbols there rightly appears not only the equations, money=fæces, but also, money=*everything* which can be taken or given: milk, food, mother's breast, intestinal contents, fæces, penis, sperm, child, potency, love, protection, care, passivity, obstinacy, vanity, pride, egoism, indifference toward objects, autoeroticism, gift, offering, renunciation, hate, weapon, humiliation, deprivation of potency, besmirching, degradation, sexual aggression, anal penis. Indeed a tendency toward any of these can express itself with money, can express itself also in an ambition to become wealthy. The instincts represent the general tendency, while matters of *money* and the desire to become wealthy represent a specific form which the general tendency can assume only in the presence of certain definite social conditions.

The fact, correctly noted by Odier,[17] that children introduce

[17] So correct is Odier on this point, that we wish to refer to his and Ferenczi's work for a discussion of the problems of how the child learns about money and understands its use according to its conception of reality, which corresponds to the stage of development of the child's ego and libido at the time in question.

money into instinctual conflicts of the kind we have been discussing (concerning taking and giving) before they can have any judgment of the reality significance of money, does not mean that money was invented out of instinctual drives of this sort, but that an economic system operating with money soon alters the instinctual structure of the individuals living under it in a way unsuspected before the days of psychoanalysis, by relatively increasing the anal eroticism.

It is therefore dangerous to conclude, as Odier does, 'Not riches or poverty, but the persistence of unconscious infantile tendencies is decisive for the attitude toward money'. For the state of affairs is not different in regard to money from what it is in regard to any other portion of reality: the persistence of unconscious infantile tendencies, that is the inclination to neurotic reactions, is decisive for the attitude toward reality. Anyone who must keep repressed material in a state of repression has to act inappropriately and is handicapped in his judgment and his sense of reality. Apart from such pathological curtailment of rationality, poverty or riches can very well be decisive in determining the attitude toward money.

Odier speaks of a 'pre-pecuniary phase' in which the child acquires its attitude toward taking and giving, and of a 'pecuniary phase' in which the child learns about the real function of money but in which his attitude to it is still influenced by his experiences in the pre-pecuniary phase. We can agree with him but must make two additions. In the first place, in the pre-pecuniary phase there is not yet a true desire to amass wealth but only a wish to hold on to everything, to draw everything to oneself, and psychologically it is mere chance whether these general aims are occupied with money or with something else. Secondly, even the pre-pecuniary phase is experienced differently according to the function of money in the particular society in which the individual is reared.

Psychoanalysis is doubtless alone competent to solve these problems. To be sure, we are not concerned in the present paper with analyzing the child's behavior toward money, but with the methodological question of what analysis can contribute to the knowledge of the phylogenetic development of money.

The will to power on the one hand, and the will to possession on the other, are roots of the drive to amass wealth. They cannot be laid side by side as parallels, but are most intimately intertwined. We need only remember how it happens that obstinacy develops as a character trait from the conflicts centering around anal eroticism at the time when the child is being trained in habits of cleanliness. Attaining control over the sphincters is an event of no small significance in the development of self-regard. The child who has acquired this ability, really possesses through it a bit of power, not only over its own body, but over the persons in its environment as well. Anal retentive pleasure thus contains along with its predominantly erogenous components, a component of self-regard or feeling of power as well; the will to power and the desire to accumulate possessions are most closely geared.

4. *The sociological source:* Up to this point, the foregoing three sources of the drive to become wealthy are discussed by the psychoanalyst. Now, however, the sociologist brings our fourth argument to bear upon the origin of the drive. He believes one does not *need* all of the foregoing. From psychology he believes one *needs* only to take the existence of an instinct of self-preservation. This will suffice, together with the law that the ideology of a society is always that of the ruling class, in order to explain on external economic grounds the origin and dissemination of a drive to accumulate wealth.

To this we would first reply: What we *need* for the explanation of a phenomenon does not interest us. In psychoanalysis we have proved by scientific research that the complications discussed, the three first sources of the drive to amass wealth, *exist*. Matters actually go on in the world in a more complicated manner than might seem necessary. The multiplicity of human instinctual conflicts, the inclination of the repressed to take advantage of every opportunity for discharge is so great that truly the 'overdetermination' can hardly be overestimated; and one finds an infinite number of motives participating in a single human action. The problem is then:

What is essential, what is only accidental? With this in view, let us once more examine the first three points in order to determine how far they are comprised of the biological instinctual characteristics of mankind and how far of the social environment.

In anyone who desires to amass wealth essentially because of the first motive, the multiplicity of all his needs is active from the biological side; the need to become wealthy develops out of this multiplicity only when money has validity. The person in whom the second group of motives is stronger desires to be esteemed or to exercise power. The person in whom the third group of motives is emphasized desires to control his own affairs himself, to possess a sphere of his own, to collect something or even to distribute something and the like. Nowhere in the instinctual goal as such is money included; only the presence and the function of money in the social system furnish these unspecific instinctual drives with this specific object.

Laforgue drew from this the conclusion that this specific object, money, was placed in the world by these instincts in order that they might have something with which they could be active.[18] But they could be active in a thousand other ways without money. Anal eroticism, or the need for punishment, or any other instinctual need that is regarded as biological, is related to the drive to amass wealth, as the destructive instinct is to war—a relationship which I have investigated elsewhere.[19]

In the tendency to trace social institutions directly back to biological instincts, we see the same danger of *biologizing* which we meet remarkably enough in the psychoanalytic literature, especially at many points in the theory of neuroses, although in our opinion it is just psychoanalysis that has taught us to value highly enough the rôle of *actual* infantile experience.

[18] Laforgue, René: *Libido, Angst und Zivilisation.* Vienna: Internationaler Psychoanalytischer Verlag, 1932.

[19] Fenichel, Otto: *Über Psychoanalyse, Krieg und Frieden.* Internationales Ärztliches Bulletin (Prague), II, 1935, pp. 30–40.

For example, attention has been drawn to the fact that the biological helplessness of the human infant, which makes him unable to satisfy his instincts himself, frequently places him in situations where he must do without satisfaction in states of instinctual tension, that is, in 'traumatic situations'. Such experiences, it was thought, caused the child's ego to feel its own instincts as a danger and this feeling was then the cause of repression. Our opinion on the contrary is that such experiences only create the *opportunity* for repression. Whether repression later really occurs or not is decided by reality. In the same way we would say that anal eroticism produces the desire to collect something. What is collected is determined by reality. Let us consider, for example, how a child reared in present day society becomes familiar with money in everyday life and develops his attitude towards it. Money matters must impress him as a secret; he encounters money as gift, as possession, and finally as the epitome of value. Not only does an interest in money arise from the primitive conflicts of anal eroticism, but the interest in money which is and must be instilled in the child also increases his anal eroticism and in turn arouses the conflicts which formerly raged about the latter.[20]

I would not like to dismiss ontogenetic considerations of this kind without saying a few words about the only psychoanalytic attempt to approach a phylogenesis of money. The article about sacred money in Melanesia by Róheim [21] makes the same mistakes as the ontogenetic study by Ferenczi, but far more grossly and therefore more clearly.

Let us show by a single quotation how little Róheim's statements can tell us about the real origin of a money economy because they tell us nothing at all about the actual economic

[20] Hence it is by no means a case of the instincts being biologically determined and only their objects being socially conditioned. Instead, the instinctual structure itself, especially the relative distribution of libido between genitality and pre-genitality—among the individual partial instincts in general—depends to a large extent upon social factors.

[21] Róheim, Géza: *Op. cit.*

conditions of the peoples of whom they speak. Róheim writes about a tribe that accumulates sacred shell money: '. . . even at this early stage we have to do with an advanced form of capitalist society, . . . high interest rates, illicit tricks, plutocratic arrogance and even swindling . . . '. Since these are his criteria as to whether or not a society is capitalistic, we learn nothing further regarding the economic conditions of that people.

We are trying to study the interplay between an economic system and instinct in order to dispose finally and definitely of the wrongly formulated question: 'Is this or that institution to be understood as rational or as irrational?' Róheim, however, writes: 'From the very beginning there were two conflicting views of sacrifice; the soberly rationalistic view of a gift for the sake of exchange *(do ut des)* and the mystical view of oral communion.' There can be no question of an 'either-or' in this, however, but only of a 'both-and', and the problem is simply how the mysticism of oral communion could originate from soberly rationalistic needs.

The findings of psychoanalysis regarding the participation of unconscious drives in primitive financial institutions are firmly established. But is it correct to believe that the instinctual drives *create* for themselves an external reality in order to provide a means for their satisfaction? The nature of the relationship of social institutions to the instincts is under discussion here, and this is a basic question in the group of problems concerning the place of psychology in the general understanding of social events. We shall not solve this question in the present paper, and we shall meet it often again.

Here I wish only to say this: Let us think of an invention with a practical and at the same time a sexual symbolic value, for example, a Zeppelin airship which is certainly a sexual symbol but on which people can also fly. In order to understand inventions we must not overlook the *rational necessity* which must be present before an invention can result, and which arises only in a certain social situation. The task which

is imposed in reality by necessity, can evidently be completed only with the help of instinctual drives. It might be conceivable that a restriction of instincts caused by material circumstances could facilitate that sort of displacement of instinctual energy. (In this connection I was deeply impressed by a paper by Lorenz,[22] which mentions the possibility of taking literally the legends of the lame and ingenious blacksmith. Since through a bodily affliction he is handicapped in his movements and thereby in sexual enjoyment, in hunting and in fighting, he is forced to employ in other ways the instinctual energies which his comrades discharge in these ways. Invention may thus be facilitated for him.) At any rate, sexualization is a *means* for making a real task possible or at least for sweetening it. If an individual wishes to collect things, money does not result therefrom; whenever, on the other hand, a certain economic situation makes money necessary, then this necessity is realized with the help of instinctual collecting wishes.

Róheim's views concerning money and the instinctual drive to become wealthy are approximately as follows: The child wishes to *receive* milk from its mother and later any possible substitutes for milk, but must in return *give up* its excrement. That is the first exchange, the prototype of *commerce.* In itself it is certainly correct that taking and giving arise thus. We may think of the anal-erotic's frequent habit of reading on the toilet; when something is lost from below, something new must be introduced from above. The equilibrium between receiving and giving must be preserved. One's possessions, one's bodily substance must be maintained. This is now combined by Róheim with the hypothesis which Freud developed in Totem and Taboo [23] to the following effect: After the death of the primal father, the brothers 'invested' with libido the father's corpse instead of the mother as originally desired. They devoured the father's corpse and thus identified themselves with it. Numerous funeral rites show

[22] Lorenz, Emil: *Chaos und Ritus.* Imago, XVII, 1931, pp. 433–494.

[23] Freud: *Totem and Taboo.* New York: Dodd, Mead and Co., pp. 235 ff.

that this corpse with which identification takes place, is equivalent in the unconscious to fæces. Thus in the case of many peoples the strange funeral rite prevails of defæcating ceremoniously upon the grave. The explanation of these symbolic equations through tracing them back to the conditions following the murder of the primal father may be questionable because in the story itself of the death of the primal father many things are questionable that are certainly not yet sufficiently proved to justify Róheim's formulation: 'It is well established that in the period following the death of the primal father . . . '. What is demonstrated however is the unconscious connection between funeral rites and anal eroticism, and the validity of the unconscious equation, fæces=dead body.

What has all that to do with money? There are tribes who deposit shell money upon the graves in exactly the same manner in which fæces are deposited by the previously described peoples; there are also many legends which leave no doubt about the fact that the unconscious equation, fæces=corpse, must be extended to fæces=corpse=sacred money=property. That this is not all very clear may be due to the fact that the pregenital thinking that is operating is in itself not clear and does not follow the laws of our logic.

At times however Róheim himself is to blame for the lack of clarity. For example with reference to the association between fæces and dead body, there is the following statement making death equivalent to death instinct: 'There are associations between life instincts and genital eroticism on the one hand and on the other hand between the death instinct and anal eroticism.' He comments further: 'The ego-instincts Freud regards as narcissistically modified death instincts; and it is just in the structure of the ego (the character) that anal eroticism plays a particularly important rôle.' In these few sentences there are so many distortions and misunderstandings that their more exact analysis would require much space.

We consider the statements concerning the significance of pregenital modes of thinking for the origin of money insuffi-

cient if only for the reason that any mention of the economic development is completely lacking. Money has certainly not originated because people for unconscious reasons needed a fæces-corpse symbol. Instead money was made necessary only by the development of an economic system that had reached a certain stage.[24] The same economic development has also influenced the instinctual life. A task set by reality can only be performed with the aid of a certain instinctual structure; conversely with money once in existence, its very presence alters the instinctual structure.

Every psychological event is to be explained as the resultant of an interplay between biological structure and the influences exerted upon it by the environment. The social institutions that confront a generation act upon it as determining environmental influences. The biological structure itself has developed from the interplay of earlier structures and earlier experiences. Now, however, how have the social institutions themselves originated? Was it not, in the final analysis, through human beings who were attempting to satisfy their own needs? Yes, these individuals came into relationships with one another. But such relationships become external realities, which operate further, and the individuals who have created them can no longer escape from them. This is because these relationships continue to react through stimuli of many kinds upon human beings who thereby are themselves modified and then through their behavior again alter the environment anew.

Therefore Róheim's statement is to be absolutely rejected when he speaks of the psychoanalytic discovery of connections between money and anal eroticism as 'the psychoanalytically discovered origin of money' and calls the shell-money custom of primitive funerals 'a historical proof of this origin'.

Studies of the problems which Róheim set for himself fulfil an urgent need but they ought to be approached with more adequate means. We ought not only to study primitive socie-

[24] A sociological investigation of the origin of money presupposes at the very outset a knowledge of the development of private property and its inequalities.

ties (their economic structure is not always easy to scrutinize) but our study should be based on as many historical examples as possible so that we may compare the drive to amass wealth in other times and societies with that of today. As far as the present is concerned, we must declare that the sociologist is right in explaining the present day impetus to become wealthy on the grounds that the capitalist who does not accumulate wealth is practically ruined.

We shall only draw attention to the fact that the so determined impetus to become wealthy enters into complicated psychological connections and creates and utilizes modifications of instinct not only in the sphere of self-preservation. We shall also impress upon the sociologists that the study of these modifications of instinct is in no way an unessential bagatelle, but is of the greatest importance theoretically as well as practically. The statements that the production and dissemination of the ideology of a society must be understood from the actual economic conditions of this society, the 'superstructure' of which is the ideology; that further they are to be understood from the fact that this 'superstructure', by means of the actions of human beings, reacts back again upon the 'foundation', the economic conditions modifying them—these statements are correct but general. They become more specific when we succeed in comprehending scientifically the details of the mechanisms of these transformations, and only psychoanalysis is able to help us in that.

The needs of human beings which seek satisfaction are the cause of production. The development of production and also of the principles of distribution constitute the history of mankind. It is not my task to investigate at what point and through which motives in the course of this development there arose a capitalism that had to create the general ideal of amassing wealth. I can only affirm that it cannot be the result of an 'anal-erotic mutation' that has fallen from heaven. Both the invention of money as well as alterations in the nature of money could be possible only with the existence of a certain

intensity of anal-erotic instincts and above all with the existence of a certain amount of restraint upon the anal-erotic instincts. However the restraints in turn must likewise have their previous history and their material determinants. Thus there takes place a continual reciprocal action between external reality and the instinctual structure modified by it.[25]

A drive to accumulate wealth exists only in certain definite social epochs. It would be a fatal error if the Marxist theory that economic reality governs the world were interpreted to mean that an instinctual drive to become wealthy governs it. On the contrary, reflection on the significant influence of economic evolution upon all the conditions of mankind shows us that such a drive at one time did not exist and at some future time will exist no longer.[26]

Translated by DAVID BRUNSWICK

[25] In this connection Annie Reich brought to my attention the observation that any suppression of anal-erotic instinct already presupposes a certain economic stability of possessions. If people did not have permanent dwelling places or possessions that need to be kept clean, then no suppression of the pleasure in soiling would be necessary. Evidence for this is offered us by the different cleanliness habits of nest-perching and nest-deserting birds.

[26] Since this paper was completed at the end of 1934, the psychoanalytic investigation of ego psychology has taught us more about the ontogenesis of the ego and its peculiarities and about the drive for power and prestige, above all in its function of warding off anxiety. We have learned also that the nature and degree, not only of these anxieties but also of the relative part of the drive for power and prestige in the measures for warding off anxiety, as well as the aims (the achievement of which brings power and prestige), are socially determined. With the help of this knowledge some points in this paper could have been formulated a little differently and more precisely. The author hopes nevertheless that the article will be of interest as a call to reflection in the application of psychoanalysis to social questions and as a warning against 'biologizing'.

A CASE OF COMPULSIVE HANDWASHING

BY GEORGE S. GOLDMAN (NEW YORK)

Introduction

This study was undertaken in an effort to clarify the factors that played a rôle in the improvement of a patient with a severe case of compulsive handwashing. When the case had been in analysis for well over a year, an attempt was made to survey the material systematically, and in order to develop more clearly and graphically the relationship between the improvements and the daily occurrences inside and outside of the analysis, a curve was constructed. This curve (pages 98 to 100) indicates the course of the patient's clinical condition during twenty months of analysis, demonstrating at a glance all the improvements and exacerbations during this period.

It is obviously impossible at the present time to measure and chart with scientific precision the severity of a patient's neurosis from day to day. However, in this case it was possible to estimate with a reasonable degree of accuracy the comparative severity of the neurosis from one day to the next, for the outstanding symptom, compulsive handwashing, was largely responsible from the practical standpoint for the patient's inability to function normally. The amount of handwashing each day could be definitely determined with a fair degree of accuracy. The other outstanding symptom, compulsive praying, could also be estimated quantitatively. Another variable factor taken into account was the amount of useful activity and successful achievement that the patient had accomplished. The total estimate of the severity of the patient's neurosis on any particular day took into account (1) the presence or absence of symptoms; (2) the degree of

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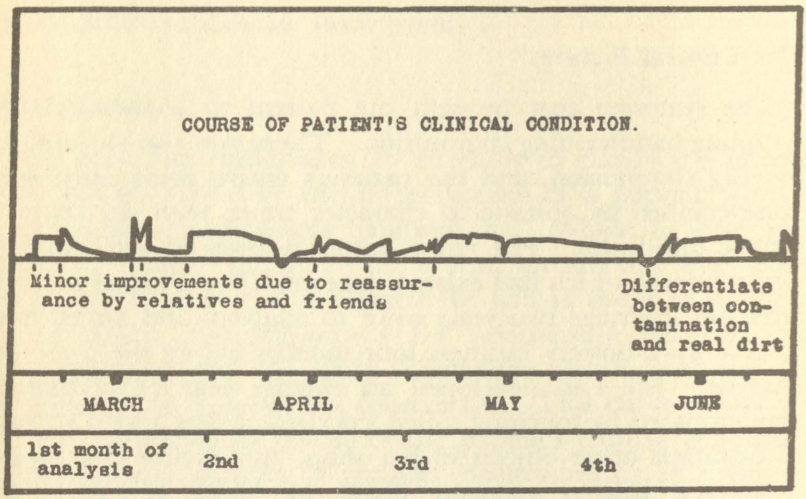
normal, successful, useful functioning; (3) the mood; (4) the extent to which the patient's activities brought pleasure, or suffering, and (5) her emotional relationship with others.

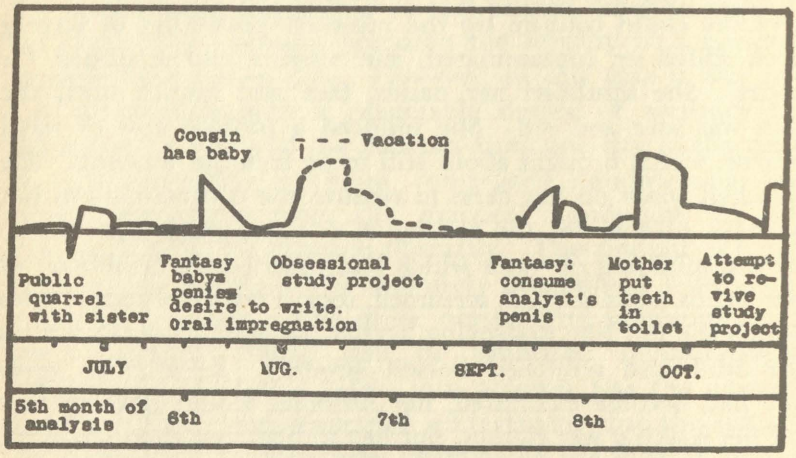
The Clinical Picture

The symptom that brought the patient to analysis was a crippling handwashing compulsion. There was also an intense praying compulsion, and the patient's entire personality was honeycombed by obsessional character traits, with the characteristic untidiness. The recent intensification of her compulsion neurosis, which had existed since childhood, began shortly after her marriage two years prior to analysis, and forced her to give up a hosiery business four months before she came to analysis. She had developed an intense fear of becoming contaminated by touching soiled stockings, a fear which spread to countless other objects in her shop, and thence eventually developed into a constant dread of being contaminated by touching the stockings of people in subways. Whenever she could conjure up the remotest possibility of having been soiled or contaminated, she washed and scrubbed for hours. She scrubbed her hands, face and mouth until the skin was sore and red. She induced a profuse flow of nasal mucus, which brought about still more frenzied washing. She splashed water on her dress to remove the contamination, but without success, for the feeling of contamination was spread by the splashing of water which had touched the washbowl or her hands. She sobbed, screamed, took a bottle of iodine with which she felt like destroying herself, banged her head against the wall and scratched herself severely. Eventually, when she had become exhausted, her husband would have to take off her soaking wet clothes, put her to bed, and then scrub the bathroom floor and everything that might be 'contaminated'.

She got the feeling of being soiled when she walked near ashcans or near people who wore dirty clothes or working clothes, or who looked sick or old. The sidewalks and streets and all floors were contaminated. She felt soiled at the mere

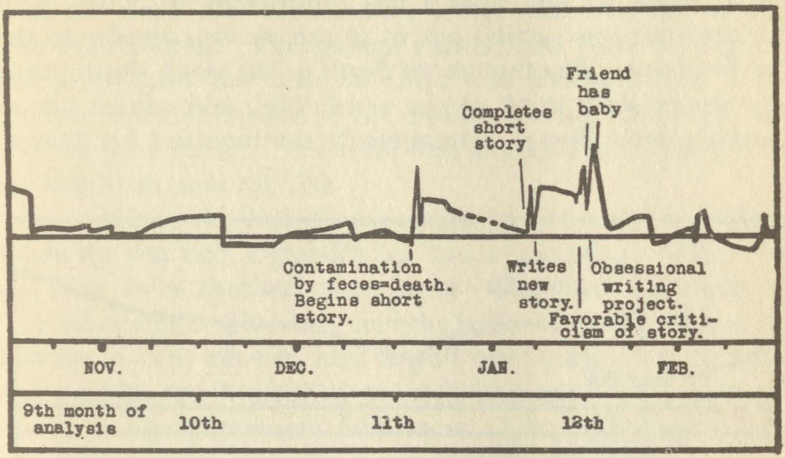
thought of any possible contact with mice, such as touching a store counter adjacent to the one at which mousetraps were

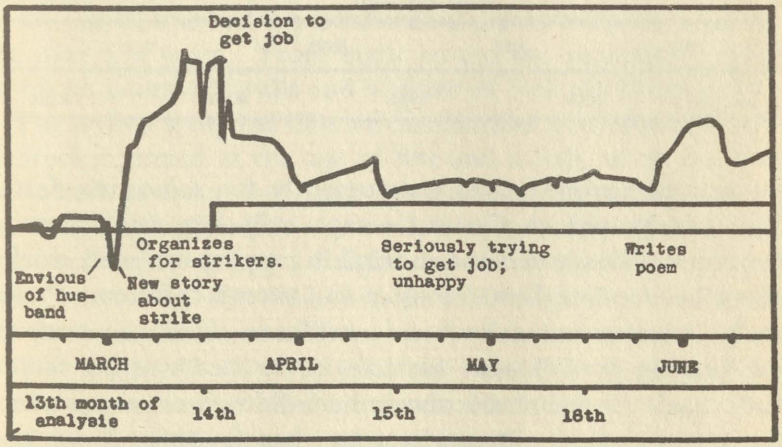




sold. To read the word 'rat' made her hands feel soiled. The bathroom functions provided innumerable occasions for becoming contaminated. In short, she found contamination everywhere. Approximately a third of her waking hours were

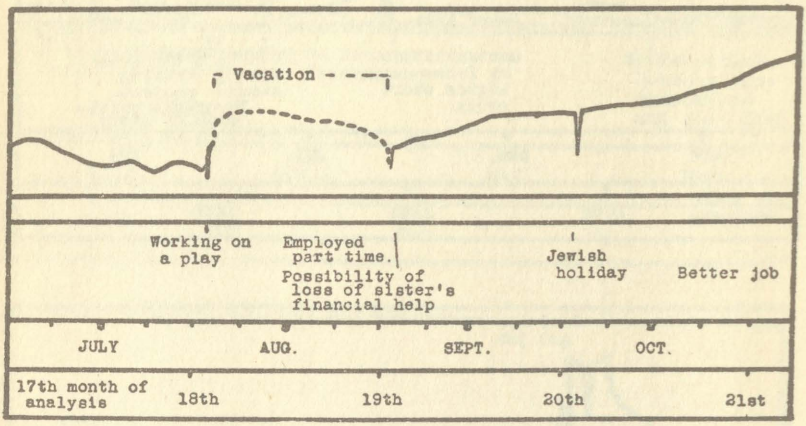
spent at the washbowl. Much of the remaining time was devoted to periods of recuperating from the severe washing





bouts, to periods of depression and self-pity, and to attempts to avoid contamination. What activities she attempted about the house were constantly interrupted by her preoccupation with contamination.

Her compulsive praying, most severe at bedtime, was designed to protect her family against death. She had evolved a prayer, which she had to repeat over and over, compulsively, for a period varying from a few minutes to an hour. This performance was carried out in a fashion very similar to the handwashing. The thought of death or the word 'death' made her immediately think of the word 'life', and caused her to mutter a short prayer. Occasionally she modified her prayers



for fear of having prayed inadvertently for someone's death. She then prayed to God to accept only her good prayers. Fantasies of death and the inevitable praying centered chiefly about her mother, brother, sister and sister's children. Previously, it had occasionally been possible to check the compulsive praying by deliberate fantasies of the death of her father or husband, since fantasies about them did not carry conviction and cause anxiety. Recently, when her fantasies about her father began to frighten her, this defense broke down and induced still more praying. The slightest interruption of the compulsive activities by her husband caused the immediate intensification of them.

Clinical History

The patient's mother dominated the family. Energetic, quickwitted, sharp-tongued and deceitful, she constantly humiliated the weak and unsuccessful father and was very severe with the children. The patient's sister, two years her senior, was pretty and the favorite child. A brother, four years younger, was also favored by the mother, leaving for the patient only the weak father. It was he who attended her, took her to the bathroom, and the like.

As an infant, the patient was cranky and required a pacifier. When she was two, a grandfather had a colostomy. When she was four, twin brothers were born. One died immediately. The other almost died four months later, when the patient sat him up in bed, allowed him to roll over onto a hot radiator and became too frightened to pick him up. This accident caused a large permanent facial scar. Later this brother was injured a number of times while in the patient's care.

The history of her sexual episodes includes one with a boy at the age of five and repeated sexual games with girls during the next few years. From eight to ten she remembers dirty words on bathroom walls and a terror of Jack the Ripper.

The earliest symptom that we can consider part of her present neurosis occurred at the age of five and a half, when she had an intense fear that her brother would die if her mother gave him the sleeping medicine prescribed by a doctor. Her earliest handwashing, at the age of eight, was associated with a scrupulous regard for the orthodox Jewish religious observances. At that age, during the War, she was terrified lest the entire city be destroyed. To avert this she would stand on the sidewalk, praying compulsively and very hard and blowing kisses to God. From the age of twelve to fourteen there was a period of intense compulsive praying to God to protect her family against the danger that she might kill them by gas.

Throughout school she feared and had difficulty with her teachers and did poorly in her work. She had to urinate so

frequently that she required special permission. This practice was particularly irritating to her teachers. In addition to this pollakiuria, she had enuresis which persisted till she was sixteen.

At eleven, while in bed with her grandfather, he occasionally put her hand upon his genitals. Only years later did she realize what she had done and feel a belated abhorrence. There was a brief period of masturbation at thirteen and again at fifteen. Each was soon replaced by masochistic fantasies with genital sensation. She fantasied that boys made her drink urine, that they applied hot things to her body, or made her urinate through a rusty pipe so that it looked like blood, that enemas were administered so high they came out of her mouth, and that she was forced to stay in a tub of water all day long and to defæcate in it. She felt that her genitals were dirty and, after examination with a mirror, that there was something wrong with them. This feeling persisted consciously until her first sexual affair and persists unconsciously at the present time. At her sister's wedding, when she was sixteen, she thought her grandfather looked old and would soon die. He died within a month, whereupon the patient felt responsible for his death and attempted by 'will power' to revive him.

At eighteen, a brief, severe handscrubbing episode followed an incident in a moving picture theater, in which a man put her hand on his penis through his pocket. She did not realize at first what she was doing, but when she did, she was horrified, and 'literally boiled' her hands.

From eighteen to twenty-two she was a secretary in an office and carried responsibilities very well. Her obsessional disturbances, however, interfered with her work. Because of her fear of making mistakes in names or sums of money, or because of a fear of writing obscene words, she had to check over her work compulsively. She became more and more troubled about touching letters that her employer had dropped into his lap. When the fly of his trousers brushed against a handle of her typewriter she could never touch that handle again. These

occurrences necessitated handwashing. Finally, she had to leave the job.

She had several sexual affairs, beginning at twenty-one, invariably with men who were married, ineligible, or unsatisfactory. She never had an orgasm in intercourse, but only through clitoris stimulation. At twenty-six she married a Communist, which was the one act that could most antagonize her family. With him she had to live in squalid quarters. There she was horrified by the possibility of contact with mice and mouse droppings. Once when she found that she had touched mouse droppings, she made her husband scrub the closet and everything in it for days. Most of the things were discarded and what was kept remained 'contaminated' for years.

Following an abortion shortly after marriage, her praying and washing increased. When her hosiery shop began to do repair work, she developed the fear of contamination by soiled stockings. This led to the necessity of discontinuing the business and coming to analysis.

Patient's Reactions During the Analysis

In view of the great volume of material collected, we shall not attempt here to present all the findings, but only the material that bears on certain outstanding reactions of the patient during the analysis. In general, the presentation of the analytic material follows the curve of the patient's clinical condition and emphasizes those periods in which there is a change in her condition.

The analysis began in February, 1935. At the outset the patient attempted repeatedly to force the analyst to reassure her that she was not contaminated and need not wash. Most of the minor improvements that can be observed on the graph during the first four months of analysis were the result of reassurance by her family and friends, who would show the patient that it was all right to touch certain objects and not wash afterwards. The most marked improvement of this type

occurred in the eighth month of analysis, when the patient's mother demonstrated that it was all right to dip her false teeth in the water of the toilet bowl and then wear them without rinsing. When the patient followed suit, she had a tremendous feeling of relief that lasted a week. The improvements resulting from direct reassurances on the part of her family and friends can scarcely be considered as due to the analysis; these improvements are therefore attributed to factors outside of the analysis. The reason these reassurances are effective will be made clear later.

The first definite improvement that can be ascribed to the analysis occurred during the fourth month. Previously on numerous occasions, there had been material and interpretations that linked the contamination and handwashing with menstruation, urine, and especially fæces; with touching her genitals or the genitals of a man; with the possibility of impregnation; with fantasies of physical examination by the analyst; with her compulsive praying; and with crosses and tombstones, which carried a connotation of death.[1] Such material and discussion had repeatedly demonstrated the disparity between reality and the patient's obsessional concept of contamination. On this occasion the patient finally 'discovered' that there was a difference between real dirt and her idea of being contaminated, and that real dirt did not trouble her seriously. The symptoms improved for a short period.

During the fifth month of analysis the patient publicly disgraced her sister in order to force her to continue the financial assistance necessary for analysis. The patient's financial insecurity was very real and an important and continual impediment to the success of the analysis. She declared that she would force her sister to continue the financial help even if she did not need it. From this situation and the associated analytic discussion it was possible for the patient to gain considerable

[1] In order to condense the presentation, new material is occasionally presented in this way. Such a summary of material represents the detailed material of several hours. It is to be understood that some of it is spontaneous production and some the result of the analytic work of interpretation and explanation.

insight into the reality and intensity of her hatred and death wishes towards her family, especially her mother, and toward the analyst. Following this incident she improved for a short period.

Another sudden improvement occurred a few weeks later. Previous material and interpretations had dealt with her jealousy and unconscious hatred of her brother, and her feeling about not having a penis. She had a dream concerning her hope to supply this lack with the aid of her mother and the analyst, by baking and eating a cake shaped like a penis. The previous hour she had spoken of an occasional mental confusion that made it impossible for her to understand certain things, especially the anatomy of the female genitals. This psychological blind spot was explained and she was encouraged to obtain correct knowledge of the structure of the female genitals. A dream followed in which she wanted reassurance from the analyst that she could have a baby. During the analytic hour she fantasied a penis in her mouth, and behind this had a fantasy of oral impregnation. 'Not to have a baby would mean to end the life line. Or I could carry out some good social purpose, write, help society progress, be a Joan of Arc.' It was explained that her importunate desire to write was an attempt to have a brain child as a substitute for a real child. The patient responded, 'Either or both are necessary, so that I can feel that I am really functioning'. That this drive to have a baby meant also to have a penis, like Joan of Arc, was explained not at this point but considerably later, when the explanation was repeatedly rejected but unconsciously confirmed. The following day the patient reported a marked improvement. Not only did she wash less, but she laundered her husband's socks, slacks, and her underclothing which had been stained. She had not done this for over a year. Apparently she had unconsciously accepted the analyst's interpretation as a gift—a baby or a penis—and then she 'could really function'. A few days later, however, her cousin, a rival since childhood, had a baby. The patient's symptoms soon grew worse and her resistance to

analysis increased. The fantasy of possessing a baby (or its equivalent, the penis) was shattered by the fact that her cousin really did have a baby. Then, she no longer 'could really function'.

During the previous and the ensuing months of the analysis, more and more material was presented concerning the important formative influences of her earliest years, which contributed to the attitudes finally seen in her present behavior. Even before the birth of her brother, the patient was a very unhappy child. She did not receive sufficient love from an aggressive mother, who was constantly hostile, who was busy assisting the weak father with the business, and who was always trying to bolster her own feeling of importance in a family competition in which her siblings were forging ahead financially and socially. There was also the sister, two years older, who was bright and attractive, and who enjoyed playing the rôle of a severe, abusive mother. The patient was, quite consistently, a cranky, crying child, orally frustrated and quieted with a pacifier. Her one pleasant memory of childhood concerned a pleasant situation with her mother shortly before the birth of her brother. When her brother was born, what attention and love she had received were sharply curtailed, and remained so. The great amount of attention ordinarily required by an infant was multiplied here by the fact that a twin had died and its twin brother very likely needed special care. Being the only son in the family, he was accorded much more attention, prestige and importance than the patient, and much more was expected of him. Material of the previous and following months indicates that intimately bound up with this important social pressure was her discovery of the presence of the penis in males and its absence in females. She felt that her brother had been properly equipped while she had been deprived. One of the main features of her sexual games with girls at the age of five was to insert pieces of wood into their vaginas and walk about in that fashion. She turned to her father in the hope of receiving from him everything that had been denied

her by her mother. He was kind to her and a bond was formed between them which persists to the present. However, she found that she was just as completely disappointed by the father as she had been by the mother. One of her bitterest memories of childhood was an experience at the age of eight, when her father took her to the country and left her there. She felt completely abandoned and thought he would never return—in fact, that he would die. This incident, in addition to being one of the earlier symptomatic manifestations of her preoccupation with death, reveals her final feeling of complete abandonment, not only by mother but now even by father. The attitudes toward her mother and her father were, of course, repeatedly reflected in her attitude towards the analyst.

During the next interval, from the sixth to the eleventh month, there were a number of improvements, somewhat greater in degree and duration, but with very similar content, a fantasy child or penis. During the sixth month of analysis she attempted an obsessional study project to settle her ambivalent attitude toward communism, which also meant her ambivalence to authorities (her parents). This brain child was so obviously invaded by the neurosis that it collapsed within a week and a half, and with it her improvement. Two months later she tried to reinflate it in an equally fantastic manner, which involved 'sterile' history courses and 'being inoculated by the germ of an idea'. During the seventh month of analysis there was a brief improvement associated with material that revealed a fantasy of eating the analyst's penis. The intervals between the improvements contained very severe symptomatology. There were periods of praying intensely and washing intensely, of crying and screaming and fantasies of taking iodine. She bit her finger, accidentally hurt herself, and broke things. She was cruel to her husband and tortured him by the severity of her symptoms. All of this was especially concentrated during the tenth month. During this time material appeared which dealt with her unconscious hostility to her brother and husband, and associated with this was her vege-

tarian tendency which led to the disclosure of fantasies of marked oral aggression. Other material called for interpretations and explanations of the relationship of her washing to masturbation, and the fact that her feeling of being dirty was a generalization of the feeling of being dirty at her genitals—in turn a displacement from the anus. It became clear that *washing was not a method of stopping the feeling of contamination, but rather of spreading it.* The masochistic nature of the washing was also made clear to the patient. There was a return of frequently interjected obscene words or thoughts during the analytic hour and much material dealing with fæces.

At the beginning of the eleventh month, following a discussion of her attitude towards fæces and her fear of causing the death of some member of her family, she made the very important discovery that the *feeling of being contaminated meant being contaminated by death,* something which could be passed to others and kill them. This made it possible for her to gain more insight into her unconscious death wishes and her idea of killing by the magic power of fæces.[2] She then expressed the desire to repeat to the analyst her compulsive prayer. She had attempted to do this on previous occasions but had found it absolutely impossible. This time she gritted her teeth, covered her face with her clenched fists and repeated the prayers in a low tense voice. She prayed to God to do anything he wanted to her—kill her, burn her, torture her—but to protect the members of her family. Following this, there was a marked improvement as to praying and some as to washing. For the first time in years she went to sleep without compulsively praying and, when the compulsion did return later, it was with greatly diminished intensity. This improve-

[2] In unpublished lectures on the Compulsion Neurosis at New York Psychoanalytic Institute, in 1935, Rado presented the idea that the obsessional neurotic's feeling of contamination referred basically to contamination by fæces, and that it derived most of its compelling force from an unshaken belief in the magic power to kill by fæces. This dynamic pattern is clearly present in this case.

ment also was accompanied by a brain child; she had begun to write a short story for her short story class. The teacher of this class was identified with the analyst.

During the next few months there were a number of improvements, each of which was associated with the production of a short story. Twice the improvement ended abruptly after visits to a friend who had a baby. The impact of reality again rendered useless her fantasy of a brain child. Other material and interpretations rendered during this period involved her frequent urination before and after the analytic hour, its equivalence to masturbation, and her anger at the analyst for not giving her what she wanted.

During this period the analyst attempted constantly to help the patient see what she was really doing and what it was that made her feel better. Her attention was directed to the fantasy and unconscious content that invariably accompanied an improvement, and at the same time to the reality value of her activity. The activity was usually a substitutive way of carrying out the fantasy of obtaining a penis or baby. It was emphasized that this was the motive behind the activity—something to help her 'to really function'. In some cases the activity could in no way be considered useful functioning; it contained no possibility of serving her in the solution of her emotional, social or economic difficulties. It served only as the vehicle or motor expression of the fantasy of getting a baby (or penis). Such activity is obviously present in her compulsion-ridden study of imperialism in China. It was pointed out that her fantasy of getting a penis was neither possible nor necessary. Any activity that was based entirely or exclusively upon a fantasied fulfilment of this wish was doomed to failure. In her present difficult economic situation it would be far more satisfying and helpful, both to her emotional and financial well-being, if her activities and efforts had the possibility of being successful, practical and useful. She had already demonstrated that it really was possible for her to give up or diminish the compulsive washing and to substitute for it another kind

of activity. It was extremely important that this be a really constructive, useful activity, based on reality and giving real satisfactions and results, rather than a useless, unrealistic motor accompaniment to a fantasy. In time the patient agreed that her obsessional study project was of the latter type, but she attempted to justify her burning ambition to write, feeling that she might possibly have some talent, the successful exploitation of which would not only be a boon as an ego satisfaction but would be a financial aid as well. She felt very strongly that she should at least give herself ample opportunity to test out her talent for writing. In this the analyst concurred. Although her previous experience, her lack of higher education and special training and the absence of any previous indication of talent suggested that she would not succeed at writing, still as an effort at rational, normal, useful activity, it was a great improvement over her previous activities. It was a step in the right direction.

Naturally, the above material was not communicated to the patient as it is presented here, but was very gradually and repeatedly brought out and developed over a long period of time. In fact, some of the above ideas were not fully utilized until months later than the point in the course of the analysis at which these remarks are inserted.

The next outstanding change took place during the thirteenth month of analysis when there was a very sharp exacerbation of her symptoms. After analytic interpretation, there came an equally sharp and sudden improvement attended by the fantasy of having a baby and a penis and an attempt at reënacting the rôle of Joan of Arc. The patient reported that she felt worse than at any other time and that her symptoms were more distressing. On the previous evening her behavior had been most deliberately sadistic toward her husband. He was happily engaged in perfecting a novelty invention which carried a faint hope of relieving their economic insecurity. She was concerned about the reception of a short story she had

submitted to a magazine; she washed compulsively, cried, scolded him, and forced him to do various things to remove her feeling of contamination. This went on for hours. She felt a diabolical pleasure as she tortured him. After he had put away his materials, she agreed to help him and had him take them all out again, only to find then that she was too exhausted. Nevertheless, exhausted as she was, she was extremely disappointed that he did not have intercourse with her. He had been so absorbed in this work for days that he had not given her much attention. Bitterly, she declared, 'I have never had intercourse, anyway, only masturbation. Only he has intercourse'. This statement is correct. She never had an orgasm during coitus, but only by digital manipulation following it. During this hour her extreme jealousy of her husband—in childhood, her brother—was explained to her as the basis of her aggressive behavior and the aggravation of her symptoms. She had submitted her brain child to the publisher with great trepidation, and now saw her husband busily and confidently engaged in perfecting his own creation. With her feeling of bodily inferiority—lack of penis—she felt that her production was certain to compare unfavorably with his. He, with a penis, was well equipped but she, without it, was inadequate. He could have sexual pleasure in intercourse but she could not. The patient rejected this interpretation but immediately produced confirmatory associations.

The next day she was on the upswing. She had begun a short story that dealt with a current strike of elevator operators. The central figure was her hotel maid who joined the strike. In the story she identified herself with the maid, who, more courageous than the men, was the first on the picket line. During the next few weeks she acted upon this close identification with the strikers; she organized a committee of prominent liberal citizens to support them. Her activity was accepted by the union where she was given an office and clerical assistance. During this period compulsive handwashing completely dis-

appeared for the first time in many years. She found that she could confer with prominent persons, take minutes at meetings, and write letters, without fear of writing 'dirty' words.

During this period she produced material which more closely associated anal pleasure with genital pleasure and which dealt with the early displacement to the genitals of experiences, attitudes and techniques which had originally concerned the anus. There was also considerable material related to the lack of a penis. The feeling of bodily inferiority based upon this deficiency was more completely understood and temporarily accepted. After this, although she did not achieve orgasm in intercourse, it was much more pleasurable. Instead of having direct death wishes toward her parents with the inevitable accompanying handwashing, she had found an outlet for her hatred by actively identifying herself with the strikers.

When the strike ended the props dropped out of her great ego satisfaction and instinctual sublimation. This change was immediately reflected in the return of symptoms as seen on the graph. One extremely important change of attitude persisted however. Through the early part of the analysis she had insisted that it was her sister's duty to help finance her analysis and that she intended to have her pound of flesh. At the height of her strike activity she resolved to get a job and be independent. She persisted in this though it made her 'heartsick' to think of a routine job. Despite the fact that it would deprive her of the opportunity to write (to obtain in fantasy a baby or penis), she sought work conscientiously though unsuccessfully. She practised stenography assiduously. It was felt that this change in attitude and aim was very important and was certainly directed toward the solution of her problems. Her activities were obviously on a higher level of health; the entire baseline of the graph has been elevated.

It is of interest that after she lost the ego gratification and sublimated expression of her aggressive death wishes through the strike activities, she 'discovered' and carried out repeated anal masturbation. This sometimes included enemas but

more often the use of the enema nozzle in conjunction with clitoris masturbation.

During the next few months she was unhappy. She was trying to get a job. There was repeated material concerning the penis problem and the interpretations usually elicited first her rejection and later her confirmation of them. Nevertheless, repeated reappearance of this material and her extreme reluctance to accept it aroused even her own suspicion.

At this time she had occasional dreams of pregnancy, once with fear that the baby was dead, and that the doctors removed something from her that in other women had been replaced. Following the period of anal masturbation there were repeated sexual fantasies concerning the analyst and sexual excitation during the analytic hour.

The next marked improvement, during the sixteenth month, was associated with spontaneous production of a bitter, satirical poem dealing with the Ethiopian conquest—another baby. The patient dreamt of the marvelous serenity of a pregnant woman. There was again an outburst of masturbation, both anal and clitoral, and sexual fantasies about the analyst.

At the beginning of the eighteenth month, shortly before the analyst's vacation, an amelioration of symptoms began which persisted well through the vacation and up to the twentieth month of analysis. This improvement followed the interpretation of a dream of being castrated by the analyst, the discussion of her masochistically distorted attitude toward the sexual organs, and a discussion of her fantasy of sucking semen or poison from the analyst's penis, which was accompanied by nausea and gastric distress. During the analyst's vacation she did a good deal of work on a play and worked at a selling job in the clothing trade. She completed the play and, in the first part of the twentieth month, began her attempts to have it produced. She was pleased that she had written it and that she could now go to work with no regrets of a smothered career as a writer. It was soon evident that her job did not have much likelihood of affording an income to compensate her

for the time consumed. During the last (twentieth) month, she found another part-time job which was also unsatisfactory but which held better possibilities than the previous one.

She has continued to improve steadily and progressively. She has frequently been surprised to find with what little concern she has engaged in activities or gone to places that previously would have induced handwashing or been taboo. During the last month and a half there has been more material, formerly present in a veiled fashion, dealing with incestuous fantasies about her father. There was some insight concerning this material and concerning her unconscious dread of intercourse. She has learned that her desire to urinate before the hour is equivalent to the bathroom care she received from her father in childhood, and that she prefers this sexual activity which avoids the dangers of intercourse. She has worked repeatedly with material concerning her intense feeling relative to her lack of a penis and is beginning to have some deeper insight into this.

Survey and Discussion of Certain Aspects of the Material

This report covers twenty months of the analysis of a patient with a severe handwashing compulsion. Her progress has been slow but her condition has been steadily improving. The following represent certain interesting features of the case.

Improvement: The curve depicting her clinical condition presents at first scattered low peaks of improvement which increase irregularly in frequency and degree. Eventually the entire curve is elevated from the baseline. In the twentieth month the fairly stable improvement is greater in degree than most of the earlier peaks. At the beginning of this period the patient was almost completely crippled by her neurosis and unable to function. She was tortured by the intensity and persistency of her handwashing compulsion and by her severe praying compulsion as well. Toward the end of this period she was entering more and more into useful activity and was exhibiting a considerable degree of normal, efficient function-

ing. The praying, as a source of disturbance, had disappeared. The washing occurred infrequently, was much less severe in degree, shorter in duration, and interfered very little with her attempts to get a job and work.

Fantasy Accompanying Improvement: It is of interest that *with practically every peak of improvement there was a fantasy of obtaining a penis or baby (baby = penis).* Usually there was a spurt of activity that was designed to carry out this fantasy, a type of activity, which, replacing the handwashing for short periods, was at first fantastic and of no use except as an attempted means of carrying out the fantasy. Gradually the activity became less concerned with her fantasy and more concerned with her problems of reality, in other words, less fantastic and more realistic. As this slow change went on, the curve as a whole began to rise from the baseline.

Fear of Touching Objects and Need for Handwashing: The fear of touching objects or persons resulted from an irrationally intense fear of contact with bodily secretions and excretions: nasal mucus, perspiration (especially of the feet or armpits), ear wax, menstrual fluid, semen, urine or fæces. These products of the body, which gave her the feeling of being dirty or contaminated, were equated with fæces. The fear of being contaminated by semen refers, of course, to the fear of impregnation.

Magic Power of Fæces: One of the most powerful motivations behind her anxiety about touching things, i.e., touching fæces, was her concept of the *magic power of fæces: fæces could kill by contact,* hence the need for avoidance and washing.[3]

Magic Power of Thought: Intimately connected with the concept of the magic of fæces was the patient's deeply rooted

[3] In connection with the magic power of fæces, the writer is seeing at the present time a case with a belief in the magic power of urine. In this case it has been a magic ability to cure sickness usually by rubbing urine on the face of the sick person. This procedure is based on the theory that sickness results because someone has praised the health or appearance of the person too highly, with such a remark as 'you look very well', or 'you certainly are healthy', without having 'knocked on wood' or the equivalent. This and similar practices are very common in certain European countries.

belief in the *magic power or omnipotence of thought: wishing (or fantasying) people dead could kill them.* The most obvious example of this was her belief that she had brought about her grandfather's death by thinking that he would die. This persisting belief in the omnipotence of thought helped to generate an extreme degree of anxiety in connection with her many death wishes.

Death Wishes: Furious hatred and death wishes were directed, unconsciously and consciously, towards her mother and her older sister who was identified with the mother. She seldom expressed hatred and quite often expressed warm and affectionate feelings for her brother, nephew and nieces. Towards them were directed very many death wishes also. These death wishes were attended by the greatest anxiety with the consequent compulsive precautions and washing. Her occasional death wishes about her father and husband were attended with little or no anxiety, that is, with little conviction that they would come true.

Intense Masturbation Conflict: The patient's conflict about masturbation was so intense that despite frequent discussions of the problem in the analysis and despite repeated sexual tension, she did not feel free to masturbate until the ninth month of analysis. Even then it induced handwashing, just as it had shortly after her marriage. Her genitals were felt to be dirty, in fact, were equated with the anus. Fæces were untouchable, yet later in the analysis the patient 'discovered' and practised anal masturbation. Masturbation, either by her husband or herself, was her only method of achieving an orgasm.

Attitude Toward Her Genitals: From early childhood the patient felt not only that her genitals were dirty like her anus but also that there was something peculiar about them. Later she was convinced for years that something was physically wrong with them. This conviction refers to the belief that it is necessary to have a penis to be adequately equipped—'to really function'. The patient repeatedly fantasied that she had

or could obtain one. Her earlier periods of improvement in the analysis were accompanied by such a fantasy. She felt with bitterness that the pleasure of orgasm in intercourse was reserved for men. The injury to her self-esteem caused by the lack of a penis could be repaired in fantasy by acquiring either a penis or a baby. Her conviction that she was inadequate physically, however, gave rise to the fear that her baby would surely be somehow subnormal or maldeveloped. The possession of the penis was, for the patient, not merely an advantage but an absolute necessity.

Attitude Toward a Baby: The unconscious fantasy of obtaining a baby (penis) became apparent during analysis. Only after months of analysis did the patient become aware of the fact that she wanted to have a baby. Previously she had rejected such a possibility. Yet the dread of impregnation had been one of the determinants of her handwashing and throughout the analysis continued to show itself as an obsessive doubt as to the correct insertion of her pessary. This fear of impregnation was associated with a long-standing anxiety about hospitals and operations and especially anæsthesia.[4]

[4] Her especial anxiety about anæsthesia—being put to sleep—seems to confirm the suggestion of Rado (*Fear of Castration in Women.* This QUARTERLY, II, 1933): The girl discovers that the boy has a penis and concludes that he is infinitely better equipped to obtain pleasure than she, without it. She is painfully injured by this discovery and wonders what happened to her. Previously she had thought that all children are born alike. Now she still thinks so, but thinks something must have been done to her. 'I am wounded.' . . . It must have been cut off while I slept.' A terror that something dreadful can happen to children while asleep was reflected in the patient's childhood anxiety that her mother, by giving her brother some sleeping powders, might accidentally cause his death. While taking ether, prior to her abortion, the patient began to inhale it calmly, expecting merely to fall asleep peacefully. Soon she felt that all was not going well; she became convinced that they were accidentally killing her and that because she could not warn them she would surely die. During analysis the patient dreamt that ether had been forcibly administered to her by a woman who in the past had actually taken a man away from her. The patient avenged herself in the dream by etherizing the woman, incidentally causing permanent injury to her eyes. In this dream the carrying out of castration on a sleeping woman is represented twice—on the patient and, in revenge, on the woman.

Attitude Toward Intercourse: Intercourse has been for the patient a danger—a danger of being attacked, injured genitally (she fantasies this has happened previously) and killed. During the analysis she has become aware of the tension and anxiety during coitus that has prevented normal sexual functioning. In the face of this fantasied danger the patient has attempted three methods of defense: first, not to submit to the attack; second, to assume the aggressive rôle and kill others; and third, to obtain in fantasy a penis which would protect her against the danger. She has never had an orgasm in intercourse. To indulge fully in intercourse, to have an orgasm, would mean that for the moment she would be unconscious, asleep, deprived of protection. Then the dreaded injury could happen (again). In the light of this explanation it is possible to understand why, when she would almost have an orgasm in intercourse, she would suddenly have the fantasy that if she had the orgasm some one in her family would die. At times this fantasy necessitated compulsive praying for the safety of members of her family before intercourse. This fantasy that intercourse, and specifically the orgasm, would kill members of her family was a method of assuming the attacking rôle. At the same time it effectively banished the possibility of having an orgasm. It is also likely that her concept of intercourse as a sadistic killing act was utilized in this context as an expression of her hostility toward her mother through an unconscious recollection or fantasy of a primal scene in which her mother was being attacked (or killed). It is possible that the act of intercourse, reminding her of her lack of a penis, revived and intensified her hostility to her mother whom she held responsible for this deprivation. It is clear however that these defenses and maneuvers did not constitute satisfactory solutions for the patient. She still desired a protection that she could consider more secure—the repair of the injury that she felt rendered her so susceptible to attack and further injury. In the mind of the patient the possession of the penis was considered an

absolute necessity, not merely to satisfy the feeling of envy but still more urgently to protect her against further injury.

Attitude Toward Her Brother: Extreme ambivalence, with much anxiety, has characterized the patient's relationship to her brother. The intense hostility was acted out in early years so that she caused him to suffer, among other injuries, a severe facial scar. About a year after this incident occurred when the patient was five or six years of age, she had already developed the mechanism which has been so evident in her neurosis, namely, the switching of her hostility or death wish into a fear that he would die. With this maneuver her anxiety served an acceptable purpose—to protect him. In addition the source of danger to her brother was shifted from herself to her mother who, she thought, in administering sleeping medicine according to the doctor's order, might accidentally give an overdose. Thus it was denied that there was any hostility at all and the danger was attributed to a possible accident. The part played by her brother in the development of the patient's problem of her penis deficiency has been discussed previously. During the analysis there were numerous dreams involving castration of the brother. Despite her jealousy of her brother and her desire to injure or kill him, it was necessary for the patient to love him or pretend to. There was, in fact, some indication that she tried to salvage something for herself by the fantasy that he was her baby rather than her mother's baby. Such a fantasy would replace the fantasy of having a penis and is very similar to her fantasies during analysis of having a baby.

Vegetarianism: The patient's tendency to vegetarianism was definitely a defense against oral aggressive impulses of a cannibalistic type. There were fantasies of the familiar 'primitive organotherapy' type—of eating a penis in order to have one. Closely allied were her fellatio fantasies of oral impregnation. Both types of fantasies were accompanied by abdominal distress.

Function of the Handwashing: It soon became obvious that the function of the handwashing was really not to remove 'con-

tamination' but rather to spread it. This was the return of the repressed urge so universal in the compulsion neurosis. Under the guise of attempting to remove the contamination, the patient was in reality playing with it, spreading all around dirt, fæces, death, carrying out her most primitive, infantile urges. In this connection it is of interest that one method of handling the 'contamination' question had been to have some other person touch the same object without washing. She wanted assurance that it was perfectly all right to play with fæces. This was most strikingly brought out by her marked improvement after imitating her mother's act of putting her false teeth into the toilet bowl and then into her mouth. The anxiety and danger of playing with fæces were temporarily removed. The handwashing appears to be another attempt to attain this same goal (a reassurance that she can safely play with fæces) and it is a more socially acceptable way of doing so. At times it helped to remove her anxiety and fear of contamination. It could help only temporarily however and often broke down completely as an autotherapeutic procedure. The collapse was inevitable, since her all-pervading hostility to her mother and brother entered into her anxiety about playing with fæces and therefore into her handwashing which had become a substitute for playing with fæces.

In her pleasure or sexual functioning, the patient has been in dread of being injured or killed and felt that she must defend herself by killing others first or by possessing a penis. She has reacted in a very similar manner to life in general and has attempted to use these same two alternatives. The latter alternative has been seen clearly in the patient's feeling that she needed a penis to 'really function', and in the close relationship of the fulfilment in fantasy of this need to some of the periods of improvement during analysis. The other alternative—that of killing others—has been a function of the handwashing.

Compulsive Praying: The compulsive praying played a rôle very similar to the compulsive washing. It was designed to

counteract her death wishes towards members of her family. Yet the hostility occasionally crept into the prayers—again the return of the repressed hostile urge. Her praying was closely associated with her belief in the omnipotence of thought. After trying for months, against great resistance, the patient finally repeated her prayers to the analyst in the tenth month. It is of interest to note the exact circumstances under which she became able to reveal her magic prayers. It was during the same hour in which she spontaneously discovered that being contaminated meant being contaminated by fæces = death. She gained further insight into her unconscious death wishes and her idea of carrying them out by means of the magic killing power of fæces. At the moment of attaining this insight she probably felt less dread of the possibility that she would use this terrible magic power. Therefore she could afford to dispense with the magic protection against it—the compulsive prayer. After the patient related it, the compulsive praying disappeared completely for a short time and, after a reappearance with diminished intensity, it gradually dropped out of the clinical picture.

'AFTER THE ANALYSIS . . . '

BY MELITTA SCHMIDEBERG (LONDON)

Most patients come for analysis as for any other form of treatment with the concrete aim of getting rid of some definite symptom. Although, as Nunberg[1] has shown, their rational ideas are bound up with unconscious fantasies ('getting rid of a symptom', 'cure', etc., possess sexual symbolic meanings whether it is a question of mental or physical treatment), they have on the whole a reasonable idea of what they can expect from analysis. But there is another type of patient for whom psychoanalysis has become the new religion. Whether or not he comes for analysis because of some distressing symptom, he will never be satisfied with a mere alleviation of symptoms or any other simple tangible result. He expects that after being 'fully analyzed' he will never have any more difficulties or disappointments in life, and never under any circumstances experience guilt or anxiety; that he will develop remarkable intellectual or æsthetic powers, perhaps even prove to be a genius, be blissfully happy, perfectly balanced, superhumanly unbiased and absolutely free from the slightest neurotic symptom, caprice of mood or bad habit. I have actually heard the view expressed that a 'fully analyzed person' will be free from aggression and pregenital interests, have no polygamous tendencies and never make a slip of the tongue or any other kind of mistake. Analysis is sometimes regarded as a panacea for all evil and the best or only solution for every individual or social problem. In a community where every member had been analyzed there would be no crime, war, unemployment, hatred, misery, sexual entanglement or divorce.

Of course if you press so ardent an apostle of psychoanalysis, he will soon have to admit that he has never yet come across

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[1] Nunberg, Herman: *The Will to Recovery*. Int. J. Psa. VII, 1926.

that marvel of perfection, 'the fully analyzed person', in real life. But he will give convincing reasons why analysis could not have been fully effective in this or that particular case, or at any rate, argue that if psychoanalysis cannot yet achieve such successes it will certainly be able to do so in the future.

These fantasies of what a person will be like after he has been analyzed (which the patient refuses to regard as fantasies but believes to be reasonable views based on objective foundations) are replicas of the child's ideas of what it is like to be grown up. Adults ('fully analyzed persons') have none of the shortcomings and miseries of children; they do no wrong, have no bad habits, make no mistakes—are absolutely perfect; they are free from anxiety, from difficulties of any sort, and of course they are extremely clever. If the patient is prepared to admit that psychoanalysis cannot yet achieve these results but maintains that it will do so in the future, then again analysis is regarded from the viewpoint of a child that has to grow up in order to develop its marvelous potentialities. The patient clings so much to these fantasies of future omnipotence because they offer compensation for the helplessness of childhood or the misery of neurosis. He can bear anxiety only if he can believe that a time will come when he will be absolutely proof against it. The more he is ashamed of his neurotic difficulties (having dirtied himself) the greater his urge to become perfect (clean) after being analyzed (washed). The Utopia of perfect and never-to-be-disturbed happiness 'after being thoroughly analyzed' is the Utopia of a deeply unhappy person. The more the patient feels inferior to others because he is neurotic (a child), the more he hopes to be superior to them as a 'fully analyzed person' (an adult). The child tends to shift to the future his ideas of grandeur which he cannot maintain in the face of his actual helplessness. He gets over his feelings of inferiority and anxiety by imagining that as an adult he will be able to do all the things he would like to do but cannot.

We all know that cure is conceived in terms of libidinal gratification. What the patient wants from the analyst is love, sexual gratification, the fulfilment of all his unconscious wishes.

One patient had a rooted objection to the idea of getting a 'little better'; he wanted either a complete cure or nothing, and his refusal to allow himself to become a little better—for fear I might force him to be satisfied with the improvement—was a definite handicap in treatment. 'A little better' was like food or love shared with his sister which he refused to accept; being 'quite well' meant that he satisfied his wish to have all the food and happiness in the world. The guilt over this greed for happiness may lead to the superego demand that the patient shall remain ill, just as oral greed causes an inhibition in eating. Thus the neurotic urge to get well and the negative therapeutic reaction (the neurotic urge to remain ill) are two sides of the same problem. The negative therapeutic reaction is frequently the outcome of specific transference reactions, especially when 'getting well' or 'remaining ill' have acquired a special emotional significance. Another way of putting it would be to say that the unconscious guilt which prevents the patient from getting well is largely due to the nature of the unconscious infantile fantasies which underlie the rational wish to get well. Thus a patient felt very guilty because he had, as he thought, denied a man (who had nearly been his successful rival but had then broken down completely) the possibility of getting well by deliberately not advising analysis for him; therefore the patient had to punish himself by not getting anything out of his own analysis.

Often the patient's hopes and expectations from the treatment are repeated day after day, month after month, almost year after year, and have an unmistakably querulous note. The patient is really demanding compensation for all his past and present sufferings, for all the trouble and expense caused him by the analysis (with all the symbolic implications of these things). The intensity and persistence with which these demands are repeated leave one in no doubt as to the strength of the underlying reproaches against the analyst. Such demands like all querulous demands are largely a defense against guilt. The patient feels guilty for not getting better. He feels that the analyst demands a standard of health which he can as little

live up to as to the moral standards set by his parents. This is one reason for not giving the patient exaggerated ideas about the results of analysis.

The patient sometimes displaces his narcissistic valuation of himself on to the analysis; he will insist that analysis is far superior to every other method of treatment, and refuse to allow anything else to exist outside it, just as he once felt superior to every other child and was unwilling that his brothers and sisters should exist. The inferiority feelings of the neurotic are largely a defense against and over-compensation for terrifying ideas of grandeur which carry with them the danger of losing hold on reality, but they are also a continuation of them in a distorted form. Thus when a patient has substituted the idea that he is the stupidest person on earth for the original narcissistic one that he is the cleverest, the narcissistic element is still present: he is the *most* stupid person, and his remarkable stupidity distinguishes him from others. And if after complaining day after day in the analysis how stupid, abnormal and neurotic he is instead of boasting how clever, unusual and superior he is, he expresses the hope that the analysis may rid him of his inhibitions and turn him into a genius, then we see that the original narcissistic idea has broken through, only it is displaced to the future.

You will probably have observed that I am using the term 'narcissism', a word that has practically disappeared in recent years from the vocabulary of English analysts. While continental analysts once tended—and perhaps still tend—to treat every manifestation of narcissism as if it were a primary one, and neglected the dynamic forces that caused the regression to it (extreme ambivalence, paranoid anxieties, excessive superego demands)[2], English analysts now seem to go to the other extreme and to regard it almost exclusively as a secondary

[2] Schmideberg, Melitta: *Einige unbewusste Mechanismen im pathologischen Sexualleben und ihre Beziehung zur normalen Sexualbetätigung.* Int. Ztschr. f. Psa. XVIII, 1932, pp. 73–77; *Psychotic Mechanisms in Cultural Development.* Int. J. Psa. XI, 1930, pp. 407, 411; *Persecutory Ideas and Delusions.* Int. J. Psa. XII, 1931, pp. 345, 366.

phenomenon, and even then only in terms of the relation to introjected objects. But introjection is only one of the ways in which a withdrawal from external objects to the self in secondary narcissism takes place [3]. Still more important clinically, however, is the pathogenetic action of primary narcissism; for example the fact that inferiority feelings are so often an over-compensation for narcissistic ideas of grandeur (ideas of grandeur may cover up inferiority feelings) or that the pleasurable narcissistic interest in one's own body may through guilt be replaced by hypochondriacal worry over it. This aspect of the matter has been rather neglected recently [4].

The patient's assumption that perfect bliss characterizes the condition of a fully analyzed person really expresses his longing for past happiness; an idealized memory of his babyhood is projected into the future. As a baby he was happy, had no need to work or to make decisions and was in fact all important, judging at least from the love and admiration his parents gave him. Analysis is for some patients an escape from life, a return to childhood. This type of patient lives almost literally only through and for the analysis. He would feel guilty if he were to deal with a difficulty or get over an emotional crisis without first having it analyzed. He prefers analysis to ordinary everyday methods just as, from guilt over his wish for independence, he had to prefer his parents to ordinary people or other children. He would like analysis to protect him against reality as his parents kept him from life; he wants to remain a baby and puts off any effort or unpleasant decision until the situation 'has been fully analyzed', with the expectation that in the life after analysis work will never be an effort, there will be no need for renunciation and no decision will ever cost pain. To justify these absurd demands he proceeds

[3] Cf. Freud: *The Ego and the Id.* Trans. Riviere, London: Hogarth Press, 1927, p. 65. *On Narcissism.* Coll. Papers, Vol. IV.

[4] There is the same tendency among analysts in England to regard masochism as a secondary phenomenon almost exclusively in relation to the 'introjected objects' and to neglect the pathogenetic importance of primary masochism. If, for example, patient waiting has acquired too masochistic a significance, fear of one's masochism may lead to extreme impatience.

to exaggerate his real difficulties in order to prove that they are neurotic and therefore curable. Everybody has to make a certain effort when learning something new or reacts with pain to frustration, but for such patients as these it is a narcissistic insult to be like others; it is so much more flattering to suffer from inhibitions and bizarre pathological reactions. Such people are usually extremely sensitive to pain and unable to bear it, largely because of their fear of their masochism, partly because they have suffered so much already that every additional discomfort acts as a last straw. By exaggerating the pain or disappointment they deny it. This *denial through exaggeration* seems to me an important *defense mechanism.* Patients may go on complaining for months on end how unhappy they feel and reproaching me for not admitting it, but they are most upset when I agree. The more they repeat their complaint the less they really believe it, and only my agreeing makes it real to them.

In his over-valuation of analysis the patient often repeats his attitude to religion: he makes the same desperate efforts to believe in it and the same excessive demands from it. The analyst can convince him only if he makes symptoms disappear in the way that Christ performed miracles of healing. In return for this he is prepared to believe that only a thorough analysis can save him from the agonies of mental suffering and bring eternal happiness, just as the true believer will be saved from hell and enjoy eternal bliss in the life after death. But one must believe implicitly—'be free from resistances'. Such religious ideas about analysis are often accompanied by a religious self-righteousness, and intolerance at its worst for the slightest deviation from what the patient conceives to be the accepted analytic doctrine or any possible doubt or criticism of it. He betrays an over-estimation of the 'correct' analytic terms and rituals similar to that of the liturgy of the church. He holds that interpretations, like prayers, must be given in the right order and form, and he demands that every child shall be analyzed at an early age, as others insist that he shall be baptized. He sets out to convert others, sometimes the most

unsuitable persons under the most absurd circumstances, much as the evangelists went out to preach the Bible.

One need not go far to discover that this exaggerated belief covers a profound unbelief. The patient lays so much stress on the miraculous effects of analysis in order to be justified in discarding it altogether if it does not work miracles. By preaching analysis to all and sundry and making the most exaggerated statements about it, he succeeds in rendering it ridiculous while appearing to extol it. By creating a super-analyst of the future or attributing miraculous wisdom and abilities to some living analyst with whom he identifies himself, he can look down disdainfully on his own analyst. *He* is the good boy who will be rewarded for his faith, while the skeptical analyst will be condemned for his analytic heterodoxy by other analysts and perhaps even be excluded from the Analytical Society, the seat of all the righteous, in other words from Heaven.

The superego attitude towards analysis seems to be more important even than its libidinal significance. Analysis is regarded as an atonement, as a cleansing process, as a religious exercise; getting on in the analysis means doing one's duty, obeying one's parents, learning one's lessons, saying one's prayers, defæcating. To get better, improve, is to be good. These ideas are sometimes increased through the attitude of the analyst when for example the analyst displays an overestimation of analytic ceremonial or is inclined to regard it as the only true therapy.

The fully analyzed person is the ideally good child, free from all aggression, pregenital interests, or even the most minute symptom or difficulty. The patient is as intolerant of his symptoms as his parents were of his naughtiness, anxiety, bad habits and crying. The impatient wish to get rid of the neurosis may be a repetition of his parents' impatience with his childhood helplessness or illnesses, or it may be also an overcompensation for the wish to retain them and to enjoy the 'gain from illness'. The fear of symptoms is itself an over-determined symptom. If the symptoms are considered to be a result of mas-

turbation they must be concealed or suppressed almost as much as the forbidden sexual activity itself. Sometimes they are interpreted as indicating mental disease and the fear that this may be detected can assume paranoid proportions. The fear of madness is a specific form of hypochondriacal worry, the brain—the content of the head—being equated to the contents of the body. It is also largely a fear of having mad uncontrollable (sexual) impulses. This may lead to the suppression of every spontaneous reaction; excessive control over the excretory system is displaced to mental processes. Excessive fear of being ridiculed or humiliated (originally for wetting, not having a penis, etc.) creates a need to be free from all weaknesses and peculiarities. The wish for a perfect body and mind (to have a penis or breasts, be grown-up, clean, unhurt, godlike) is a reassurance against hypochondriacal anxieties and a fulfilment of the narcissistic wishes of the small child.

A woman patient was specially anxious to be free from all neurotic symptoms or organic illnesses; she tried hard not to give way to any weakness and even refused to rest when she was tired. Being weak or tired or ill meant that she was babyish or feminine, despised by her brothers. The admission that she was weak or ill would aggravate her sense of helplessness against attacks and her fear of becoming seriously ill and dying. The position she had the greatest difficulty in adopting was that of a baby or being ill, because it brought back all the helplessness and anxiety of her childhood. With a really unsympathetic mother the only consolation she had had during her long childhood illnesses was the attention her father had given her. This combined with her mother's neglect came too near to the guilty œdipus situation to make it possible for her to enjoy a repetition of the situation in later life. Being ill and neurotic also represented an identification with her very unhappy father, which was too frightening partly because of its œdipal significance, partly because of its masochistic aspects.

Frequently a patient has the fantasy that by getting well himself his parents or some other person with whom he identi-

fies himself may recover from a neurotic or from an organic illness. The wish to keep his father weak and impotent may form the basis of his wish to remain ill, or by way of over-compensation he may develop a specially marked superego drive to get well. An intense wish to be cured of all his symptoms may have its origin in a desire to make his father perfectly whole, to restore his body and mind alike with respect to real weaknesses and fantasied injuries; but it may also express by way of an identification, an intolerance of his parents' imperfections and difficulties. The more the neurosis and the wish to be cured are 'borrowed', the more the patient's neurosis serves to cover up and excuse the neurosis of some present or past object of ambivalent love, or to indict it. The more complicated are these reactions, the more unrealistic his ideas of cure and the more likely he is to show the 'negative therapeutic reaction'.

Masochistic fantasies of grandeur, such as an identification with Christ, often influence the unconscious wish to get well or to remain ill. Fantasies of saving the world are an over-compensation for fantasies of world destruction and a cure for paranoid anxieties. If the neurosis is equated with Christ's sacrifice and crucifixion, then the world is being saved through the patient's continued illness, renouncing all happiness for the sake of others and inhibiting his aggression and normal activity. If getting well is thought of as resurrection, then it is of the highest importance since the salvation of mankind depends on it.

Fantasies of being godlike, or an identification with the analyst regarded as a superhuman (or inhuman) being, can often be detected in the wish to be absolutely unbiased and objective, free from all symptoms and prejudices. Some partially cured patients are free from symptoms but have an artificial and unnatural attitude. The struggle to suppress their symptoms takes up most of their mental energies. It is sometimes pathetic to watch the efforts they make to appear 'normal', that is free from symptoms, and how relieved they feel when they are allowed again to experience anxiety and

suffering openly. Because they regard the disappearance of symptoms as the test of therapeutic success, having symptoms has come to signify criticism and disloyalty to the analyst. The feeling of giving the analyst away to others by maintaining symptoms usually repeats the patient's early childhood idea that he and his playmates would be betrayed in their sexual games by the consequences (symptoms) which these are supposed to entail.

Usually it is a sign of progress if the patient's ideas of cure become more realistic and he is able to tolerate his symptoms. This is an indication that he has in some degree given up his ideas of grandeur and can like himself as he is; that he is more tolerant of weakness and instinctual manifestations, and that his hypochondriacal worries and anxiety are reduced. In my experience, analysis of the patient's fantastic expectations and idealization of analysis is of the greatest therapeutic importance because these ideas often constitute the core of his transference neurosis, are closely bound up with the negative therapeutic reaction and present a subtle but most effective resistance towards accepting reality. Criticism of analysis is—apart from more obvious factors—often a defense against the over-estimation and idealization of it.

When he was discussing this paper Dr. Glover called attention to another factor in assessing the perfection fantasies of patients: the countertransference. Patients are quick to recognize and imitate the attitude of their analyst. Every patient has his favorite defense mechanism and in the countertransference each analyst uses a defense system of his own. It is the custom when considering countertransference to stress exclusively the mechanism of repression. There is no reason why mechanisms of projection and introjection should not play as great if not a greater part. The pathological type of projection countertransference tends to make the analyst distrustful of the patient, in particular of signs of improvement. The introjection type of countertransference may also lead to unnecessary prolongation of analysis. If the analyst has a form of starvation anxiety, a fear of being deserted, or the dread that

the patient may become a permanent 'bad object', he will retain (swallow) the patient and find it difficult to discharge (disgorge) him.

It seems that many analysts are more ready to analyze the patient's skepticism concerning analytic therapy, which is regarded as a manifestation of his negative transference, while his over-estimation of analysis, so long as it is not too glaringly absurd [5], is more easily condoned because it is flattering to the analyst and coincides with his own idealization of analysis.

The fantastic ideas entertained by patients as to the possibilities of analytic therapy are encouraged by the fact that analysts themselves are not always very clear in their minds on the subject. They are more inclined to discuss the criteria of cure in an ideal sense, or to consider the workings of analysis under ideal conditions, than to describe the actual imperfect results achieved under the very imperfect conditions of real life. Thus recently there was a symposium on 'The Theory of Therapeutic Results' [6] and on the 'Criteria of Therapeutic Success' [7] but never one, so far as I am aware, on the 'Nature and Frequency of Therapeutic Success'. It seems almost as if there were sometimes a feeling that it is beneath the analyst's dignity to be too interested in questions of success, that it is bad form to claim good results, or again that to be skeptical is a confession of failure. Statistics such as those published by the analytic clinics are of little value because they do not explain what is meant by 'cured' nor do they give details of the cases. Most case histories that are published deal with patients who are still under treatment or have just completed it. It would be of great value to observe the development and the reactions of patients over a number of years after they have been discharged and to find out if those described as 'cured' showed any neurotic reactions and the nature and

[5] According to Dr. Friedländer Misch if one begins to analyze the apparently quite rational expectations the patient connects with analysis, it frequently happens that these expectations become more and more fantastic.

[6] The XIVth International Psychoanalytic Congress in Marienbad, 1936.

[7] The British Psychoanalytic Society, 1936.

intensity of these, how they reacted to specific difficulties and frustrations experienced, how they dealt with situations of emotional stress, what proportion could be regarded as permanently 'cured' or 'improved', defining these terms in detail, and which were the decisive factors for a favorable prognosis.

Some analysts may be reluctant to draw conclusions from past experiences, in the belief that therapeutic possibilities are being greatly extended with the increase of our knowledge. There have been many waves of therapeutic enthusiasm during the last thirty years; time and again it was thought that a new technical device (e.g. active therapy) or theoretical discovery would revolutionize therapy. These waves of enthusiasm were usually shortlived however and disappointment and pessimism followed in their wake. It seems that advances in therapy depend more on a steady progress than on revolutionary discoveries.

There can be little doubt that therapeutic results improve with increasing knowledge but equally little doubt that they do not improve in the same proportion. This fact, which has puzzled many analysts, would go to show that an 'all-round analysis' and the analysis of the preconscious is more important than the singling out of certain newly discovered fantasies or mechanisms; that the knowledge and interpretation of the unconscious is only one element in the therapeutic process. The human relationship to the analyst which remains unaffected by any increase in our knowledge is certainly no less an important factor.[8]

I believe that with certain patients an optimum result is achieved after a certain time which cannot be bettered to any considerable extent however long one persists with the treatment, at least with the same analyst. It seems to me that it is essential in therapy to know the right time to stop. One must weigh the advantages of continuing treat-

[8] This view does not conflict with Glover's opinion that many of the earlier successes were largely due to inexact interpretation, nor with the view expressed by Helene Deutsch who emphasized that theoretical knowledge and expectations often handicap the analyst in his practical work.

ment against the disadvantages and also take into account the psychological effects of unduly great sacrifices and other drawbacks. If the patient feels, perhaps with some justification, that the analyst expects him to regard analysis as the most important thing in his life for which he should be prepared to sacrifice every penny or deny himself such simple pleasures as going to the pictures or buying new clothes, then it will be difficult to analyze his inhibition of pleasure and to correct the effects of his parents' attitude in expecting him to sacrifice everything for them and trying to make him 'unselfish' and modest.

One must also consider the unfavorable effects of direct or indirect pressure put upon the patient to go on as for example, making him feel guilty for wanting to become independent of the analyst, or increasing his hypochondriacal worries about his state of mind. I have heard of analysts who actually frighten the patient into continuing the analysis by warning him of the grave consequences of breaking off the treatment: that he may get worse, go mad, commit suicide, sometimes using direct or indirect outside pressure in addition. I think that the ill effects of such a procedure can hardly be exaggerated. In earlier times analysts used to stress the fact that the patient clings to analysis as a defense against life and as a continuation of his infantile fixations. Although their method of counteracting this tendency by setting time limits was rather crude and often unsatisfactory, the view underlying it was sound. The danger of our recent attitude of trying to make the patient go on as long as possible is that we behave very much like the possessive parents who make the child afraid of life because they do not want him to grow up and break away. There are those who claim that the fact that the analyst repeats an unfavorable parental attitude is of little importance so long as the fantasies stimulated by it are 'thoroughly analyzed'. I do not share this opinion. The main danger of long analyses (six, eight and even ten years of analysis do not seem unusual any more) is that it estranges the patient from

reality.[9] As both analyst and patient have staked so much on the treatment they will be more unwilling to admit failure and therefore be more biased in judging the results of the analysis.

There seems to be a special narcissistic appreciation of the 'long' or 'deep analysis', partly an over-compensation of resentment and criticism. Dr. Glover told me about a patient who, after a talk in which he experienced much inferiority feeling because his own analysis had to be a great deal shorter than that of his friends, had a dream in which he equated the 'short analysis' with a short penis. In other cases a 'long analysis' satisfies superego demands.

An over-estimation of long analysis, just like any other preconceived idea about the course or the results of analysis, is likely to stimulate the patient's unconscious fantasies and transference reactions, and thus in fact influence the course and length of the treatment. It is known for example that a number of patients pass through a phase of depression. Some analysts think that while such a phase is unavoidable in certain cases, that in others it is due to imperfect technique. Other analysts think that no analysis is satisfactory or 'deep-going' enough if the patient has omitted to pass through a phase of depression and will not hesitate to express an opinion to that effect.

The idea that he must necessarily pass through a phase of depression may stimulate the patient's anxiety, punishment fantasies and masochistic impulses; it may also play into his religious views concerning the repentance and atonement which must precede salvation (cure); or it may be felt as a command to produce depression (unconsciously, fæces) with which he complies or obstinately refuses to comply. By means of these and other complicated transference reactions—apart from the obvious factor of direct suggestion—a phase of depres-

[9] There is even some danger that the analyst may lose contact with real life if he has the same patients (usually comparatively few) over a number of years.

sion is brought about or a spontaneous tendency towards depression is increased. It is therefore not very surprising if analysts who expect to observe depressive phases find them in all their patients. In the same way the analyst's expectations relative to the length of the treatment and his standards of cure are bound to affect his patients. If for instance an analyst, and through him his patient, feel that only results achieved after long analysis are of any value, it may happen that initial improvements are regarded only as a 'manic defense' and not allowed to persist, while if the same improvements appear once more after perhaps five years of analysis the patient having duly passed through the phases of depression and anxiety which are considered necessary, they are hailed as signs of a successful treatment.

There is a tendency to regard what amounts to the same practical result as more valuable if it has been achieved after a longer period of analysis, on the assumption of course that the patient has been more 'thoroughly analyzed'. The idea of 'being thoroughly analyzed' has often a moralistic flavor of the 'inner cleanliness' type; it sounds at times almost as if the patient were being urged to get rid of his 'complexes' or his 'anal erotism' or in more recent times his 'paranoid anxieties' and 'manic defenses', much as the newspaper advertisements urge one to get rid of the 'poison in one's system'. The conception of a 'thorough analysis' implies a demand that radical alterations should take place in the unconscious apart from those effected in the patient's conscious attitude and behavior. But we must first inquire how far we are entitled to look for radical changes in the unconscious.

Only a fraction of the primitive impulses and of fantasies made conscious during analysis remains conscious and is assimilated by the ego; the greater part is forgotten or becomes emotionally unimportant, is dealt with partly or wholly by repression. Thus it seems that the process of becoming conscious is of greater therapeutic value than retaining the unconscious material in consciousness. As to the anxiety and other painful emotions diminished through analysis, it is diffi-

cult to say how much real reduction of latent anxiety has been achieved or how much must be attributed to better defenses. In the same way it has yet to be ascertained how far pregenital fixations are really given up or to what extent they seemingly disappear owing to a more successful repression of pregenital interests. As one sometimes hears pronouncements that a patient cannot yet be considered normal because he still has this or that 'defense', it is perhaps not entirely superfluous to point out once more that however prolonged an analysis has been, it will still leave all the patient's defense mechanisms in operation although they will function in a more even and harmonious way. It follows that the effect of analysis may be to reënforce certain defense mechanisms: repression, manic mechanisms or projection.

So long as the theoretical conceptions underlying 'unconscious criteria' are not clear they are apt to be misleading. Stipulations such as that 'the patient should have reached unconsciously the genital level' are vague and unreliable when our theoretical conceptions of phases, regression, fixation and progression are still in the melting pot. Others as for example that 'the patient should have attained to full object relationships and have given up part objects', are difficult to reconcile with the common clinical observation that he gets well by becoming more independent of people and taking more pleasure in concrete things ('part-objects').

The alterations in the deep unconscious (the id) effected by analysis are comparable in my view with those one might make in the sea by taking a few spoonfuls of water from it. So long as proof is lacking that analysis does effect radical alterations in the unconscious as distinct from the preconscious, we must be guided primarily by the practical results of our therapeutic efforts, by alterations in the patient's attitude and behavior. It is in fact with these ends in view that the patient comes for treatment. The objection that a patient cannot be well because he still has manic defenses, unconscious paranoid anxieties or an anal fixation would be justified only if it could be proved that there are people without them.

We must also try to retain a sense of perspective with regard to the practical results we can expect. It is very natural that analysts should feel gratified if their patients excel in one way or another, just as parents are pleased if their children accomplish all they would like to have done themselves. This narcissistic gratification however is not the most important motive in excessive ambition for one's patients. More important seems to be the superego drive based on an identification of the patient (or child) with the analyst's own id. The analyst feels he must improve his patient (or child or pupil) as he should have improved himself. These considerations raise one point of practical importance: such superego pitfalls are especially great in training analyses where we have fewer symptomatic criteria and a greater feeling of responsibility. The more we are dissatisfied with ourselves, the higher the standards we are likely to demand of the student in training and the more intolerant we will be if he falls short of them.

One should not expect too much in the way of intellectual or social development from the patient in any direction. There is no reason to suppose that because a patient writes second-rate poetry she will through the analysis become a first-rate writer. The result is more likely to be that she will either resign herself to her limitations but continue to enjoy turning out second-rate work, or else give it up altogether. If a patient instead of writing inferior poetry begins to enjoy cooking or knitting, this change is quite favorable from the point of view of personal happiness and should not be regretted from a cultural point of view.

But even as regards the human development of the patient we should not be too exacting. Some analysts seem to assume as a matter of course that analyzed parents are also the best parents. This is definitely not the case. All we can legitimately expect is that a person who has been successfully analyzed will have a better relation to his child than before he was analyzed. But this improved attitude is not necessarily better and is in fact often less good than that of a genuinely good parent.

It seems to me that analysts sometimes have too intolerant an attitude towards 'acting out' during the analysis and towards symptoms—especially those which are obviously manifestations of primitive impulse life. One would like to think that all analysts have developed a genuinely tolerant attitude as a result of having been analyzed themselves. This idealistic view is not in keeping with the facts and we should probably find as many variations in this respect among analysts as among the members of any other profession. The fact that the analyst does his best to avoid giving any indication of disapproval to his patients, and indeed often allows himself no spontaneous reactions whatsoever so far as they are concerned, is not necessarily a sign of genuine tolerance; it may equally well be evidence of a severe 'analytic superego' due to guilt over human reactions and the sadistic elements in the disapproval. We are likely to learn more of the analyst's true attitude from his views on subjects on which there is as yet no standardized body of opinion (e.g. upbringing) and from his behavior in real life, than from the air of imperturbable calm which he assumes during the analytic session. Most patients are able to penetrate behind this analytic mask to the real attitude which it conceals, a fact which goes far to explain many therapeutic successes and failures. There are many indirect ways in which the analyst's moral bias finds expression and it is important that he should at least be aware of it. His decision as to what is 'normal' or 'neurotic' is often influenced by similar considerations regarding what is 'good' or 'bad', and his attitude towards symptoms may repeat a dislike of 'bad habits'. Although it is far from my intention to minimize the importance of the guilt and anxiety drives in such manifestations as nail-biting, excessive smoking, polygamy, perversions, stealing, these reactions are to be regarded primarily as expressions of instinct, and renunciation of them after however lengthy an analysis may be just as much due to increased inhibition as to reduced anxiety. Some patients give up their 'pregenital interests' or masturbation to please the analyst, just as they once gave up their 'dirty games' to please their parents; they

feel that if the analyst suggests that they are 'narcissistic', he is really reproaching them for being 'selfish', that 'infantile fixations' are sometimes only another term for 'childish behavior', and that the ideal patient who has reached 'full object relations' is the analytic edition of the good boy who loves his parents. Again to say that a patient employs manic defenses may be just another way of calling him a nuisance; to allege that he is paranoid may simply imply that he is rebellious and distrustful. The patient is often right in regarding these descriptions as reproaches. It does not matter that the words have an imposing scientific ring; far more important is the attitude underlying their use.[10]

I do not think that it should be the aim of analysis to remove every manifestation which might be regarded as a 'symptom', but only those which really interfere with the patient's life. If the analyst is free from moral bias, the result of analysis may sometimes be that the so-called pathological manifestation of instinct does not disappear but that it gives the patient less trouble or loses some of the punishment tendencies expressed in it. Thus a patient may remain homosexual or polygamous, continue to bite his nails, or to masturbate, though usually not to excess, without feeling guilty over it. In evaluating symptoms I should be disposed to attach greater importance to those representing inhibitions of instinct (e.g. inability to enjoy food) than to manifestations of primitive impulse life. This policy might usefully be adopted if only to counteract the analyst's unavoidable moral bias against too open expressions of instinct, especially when he fears the disapproval of parent-substitutes: other analysts, the patient's relatives, the police, probation officers, etc. Quite apart from this, it may be said that on the whole anxiety giving rise to inhibition is more likely to interfere with the patient's health and happiness than an equal amount of anxiety which has the effect of increasing his primitive instinctual drives.

[10] I cannot say, of course, how frequently analysts speak thus of their patients, but I have heard observations of this kind made by quite a number of persons who had undergone analysis and it is certainly not rare that analysts speak about their patients in this way to other analysts.

Again, we should not entertain exaggerated ideas in regard to the reduction of anxiety to be effected. A patient came to see me about a year after she had completed her analysis. She told me that she felt well and that her symptoms had disappeared but added that she would like to have a few months further analysis. I asked her why she wanted to recommence analysis if she felt well, to which she replied that feeling well was such a strain. She had been pregnant during the first analysis, which had lasted about twelve months, and again during the second one. During her first pregnancy she was remarkably fit and free even from the minutest symptom, and this had to be regarded as something of an achievement because before being treated she had had unusually great anxiety and hypochondriac worries over pregnancy and childbirth and a rather ambivalent attitude towards having children. In her second pregnancy she was also perfectly well and free from symptoms but not so exceptionally fit as on the earlier occasion. She herself regarded this as the healthier reaction. Because she was now fundamentally less afraid and made less stringent demands on herself, she could allow herself manifestations of physical weakness or anxiety. In the same way I believe that for most people it is more normal to have slight peculiarities, anxieties, minor neurotic symptoms or bad habits than to be absolutely free from them, provided they are in a position to tolerate them without difficulty.

Dr. Glover has pointed out in discussing this paper that the projection into the future of perfection or imperfection fantasies depended very much on what happened during the analysis to the factors of primary and secondary gain. Many patients compensate the loss of secondary gain by living up to conceptions of health which are so rigid and arbitrary as to be neurotic. Through this 'neurotic conception of health' they become as great a nuisance to their friends as they were previously through their illness.

It is certainly gratifying to the analyst if the patient as a result of the analysis not only gets rid of his symptoms but advances in his whole development. One should not be too ambitious for him and above all not judge him by one's own

standards. He should live his own life and conform to his own ideals and not to those of the analyst. A possessive attitude in the analyst is even worse than a possessive attitude in the parent. I consider it satisfactory that a number of patients whom I analyzed successfully differed as fundamentally from me after the analysis as before it in their political, religious, social and artistic convictions.

The foremost task of the analyst as of every doctor, is to mitigate human suffering. There is consequently no justification for looking with contempt on treatment that 'only' relieves symptoms. Every form of therapy, analytic or non-analytic, that relieves suffering is valuable.

The great possibilities of analytic therapy are likely to stimulate the ideas of grandeur inherent in us all; we must admire the sense of proportion that enabled Freud to realize the limitations of analysis almost as much as we admire his creative genius in discovering it.[11] Analysis can and does achieve a great deal both in the way of removing symptoms, the difficulties for which the patient originally came for treatment, and also in bringing about favorable changes in his character and attitude, usually accompanied by alterations in his physical habitus and facial expression. But we should not imagine that we can by means of analysis develop a special category of analyzed persons, a class of supermen.

I should like to conclude with a story rather in point. A patient of mine told somebody at a party that she had been analyzed. This individual looked at her with great amazement and said she could hardly believe it, because my patient was so free and easy and natural, quite like an ordinary person in fact, and unlike any 'analyzed person' she had met before. I consider that for a patient to become 'just like anyone else' is the best result one can expect from analysis.

[11] Freud shows again the same moderation in his most recent paper, *Die endliche und die unendliche Analyse.* Int. Ztschr. f. Psa., XXIII, 1937. (Trans. Int. J. Psa. XVIII.)

BOOK REVIEWS

FREUD, GOETHE, AND WAGNER. By Thomas Mann. New York: Alfred A. Knopf, 1937. 211 pp. Lectures delivered at the New School for Social Research in New York City in 1937.

In choosing these three subjects for his lectures at the New School for Social Research it is apparent that Thomas Mann was as much inspired by his realization of their significance to the modern psychologist as by his rare appreciation of their genius. It is in fact his critique of their psychological significance to the ages in which they lived that gives unity to this collection of essays.

In discussing Freud the author stresses the 'mysterious union of the Ego and actuality' as a truth whose demonstration is the alpha and omega of psychoanalysis. He goes on to say that there is an essential relationship between literature and science which has hitherto been unacknowledged, and he celebrates this lecture as the occasion of the first official meeting between literature and psychoanalysis.

In paying tribute to Freud's originality he calls him a solitary figure, a 'Knight between Death and the Devil', who had no knowledge of the philosophies of Nietzsche and Schopenhauer, despite the fact that they may be considered his immediate philosophical ancestors.

He defines the bond between the science of psychoanalysis and the poetic-creative impulse as 'love of Truth, a sense of Truth, a sensitiveness and receptivity for Truth's sweet and bitter . . . and an understanding of disease and its productive significance'. In support of this definition he quotes from Nietzsche and Victor Hugo. Speaking from the viewpoint of a man of letters, he makes an ardent defense of the psychoanalytical approach to the problems of normal psychology through its investigations of psychopathological phenomena. He expresses his gratitude for his introduction to psychoanalytical concepts by young workers in the field who had shown interest in his writings. Encouraged by this unexpected tribute he began to read psychoanalytical literature and found much in it that sounded a familiar note.

He stresses repeatedly the kinship between the content and moral attitude of Schopenhauer's works and of the interpretations

of Freud, and specifies the former's Transcendent Speculations on Apparent Design in the Fate of the Individual as the point of contact between their two worlds. After giving a brief resumé of Freud's theory of the ego and the id, he comments on its significance to our modern civilization: It [the id] 'can take the upper hand with the Ego, a whole mass Ego, thanks to a moral devastation produced by worship of the unconscious, the glorification of its dynamic as the only life-promoting force, the systematic glorification of the primitive and irrational'. He then pays a graceful tribute to Freud's literary merits: 'Freud writes indeed a very perspicuous prose, he is an artist of thought, like Schopenhauer, and like him a writer of European rank.'

In giving a brief quotation from Jung he calls him 'an able but somewhat ungrateful scion of the Freudian School'.

Mann takes issue with Freud over his low estimation of philosophy: 'I believe that in actual fact philosophy ranks before and above the natural sciences and that all method and exactness serve its intuitions and its intellectual and historical will.'

In emphasizing his contention that the life of an individual is for the most part apt to be the unconscious living out of some mythical pattern from which the individuality struggles to emerge, he refers to his own work, Joseph and his Brothers, as an outstanding example of such a conception in the field of literature. He contrasts the modern ego with the ego of antiquity which he says is 'open behind, less exclusive and sharply defined', referring to the deeper consciousness in the ancients of their relationship to their indigenous myths.

In another place he refers to Buddenbrooks as a monument to Schopenhauer's philosophy of the primacy of instinct over mind and reason, thus acknowledging a debt to the great philosopher comparable to his admiration for Freud. One quotation from the text summarizes well his sense of spiritual communion with the founder of psychoanalysis: 'I make bold to believe that in that novel so kin to the Freudian world, making as it does the light of psychology play upon the myth, there lie hidden seeds and elements of a new and coming sense of our humanity. And no less firmly do I hold that we shall one day recognize in Freud's life-work the cornerstone for the building of a new anthropology and therewith of a new structure, to which many stones are being brought up

today, which shall be the future dwelling of a wiser and freer humanity.'

Goethe Beginning with a description of Goethe's last moments of life, the author emphasizes that he was first, last, and all the time a poet and a man of letters. ' "How priceless it is", said Goethe, "when a glorious human brain can reproduce what is mirrored in it".'

After making a few interesting comments on the outlook of the poet and on the factors conditioning the life of the writer, he returns to his hero whose 'compliant spirit of love' served to control the matter of his writings for fear of giving undue offense to his large reading public.

In an aside he makes a significant comment: 'The urge to educate in the poet-man-of-letters can be defined as a proclamation of insecurity.' He then gives a definition of a man of letters as 'an educator who has himself been strangely educated; and in his own case education always goes hand in hand with his own inner battle; here we have a welding of the inner and the outer self, a simultaneous wrestling with the ego and with the outer world'.

The intellectual honesty of Goethe, despite his 'inclination towards educating others and moralizing', is well attested by another quotation: ' "New discoveries", says Goethe, "can and will be made, but nothing new can be thought out which has reference to man as a moral being. Everything has already been thought and said which we might reproduce, at best, in another form." . . . "We must", said Goethe, "make the indomitable attempt, each day anew, to seize, with fundamental seriousness, a word and unite this with all that is felt, seen, thought, experienced, imagined, and reasoned!" '

Many other characteristics of the great poet are briefly mentioned, such as his contempt for critics, his nationalistic pride in German primitive culture, his dislike for communicating his germinating literary conceptions, and his recognition that genius is in large part a matter of luck: ' "When I was eighteen Germany was eighteen too—a man could do something." ' Goethe's conception of the German people was that they were 'unpolitical and intellectual, centered upon human values, receiving from all and teaching all'. His sentiments about their future were mixed: ' "For this sinister race there is no help" ', and: ' "The old is past and the new not

yet in being. Yet much is stirring which may in after years be cause for rejoicing." '

The author notes that Goethe lies in the direct line of literary descent between Luther and Nietzsche, and so makes of him one of Freud's spiritual progenitors. He gives his own estimate of the great poet in a fine literary passage: 'His claim to being essentially German . . . . . is offensive to him in its pure form, as an ethical and cultural tendency; I mean that he is against it consciously, deliberately, pedagogically. But his own mighty nature embraces both the German and the Mediterranean, the European and the national. And this combination is, of its nature, the same as that other in him: of genius and intellectualism; of mystery and clarity; of the deep chord and the polished word; of the lyrical and the psychological. He is the greatest of them all because he so happily unites the dæmonic and the urbane, in a way that is probably unique; and it is precisely this combination which has made him the darling of mankind.'

The essay ends with a brief *apologia* in the poet's own words: ' "It is worth the trouble to live long and suffer the diverse pains which an inscrutable ruling providence mingles into our days, if only, at the last, through others, we see ourselves clearly and the problem of our striving and erring resolves itself in the clear light of the effects we have produced." '

Wagner 'Richard Wagner stands before my eyes suffering and great as that nineteenth century whose complete expression he is. His face scored through and through with all the century's impulsive force: so I see that face.'

Starting with this vivid fantasy the author goes on to describe the nineteenth century as torn between a belief in ideas and unbelief, the sum being a melancholy relativism. He alludes to the great figures of the age as a 'forest of giants' and says that the kinship between their works lies in 'a special sort of naturalism, which develops into the mythical'. Thus he writes the prologue to the story of Wagner's genius.

He goes on to compare him with Tolstoi and Ibsen, pointing out the particular ways in which these three great figures expressed the spirit of their time.

He has much to say of Nietzsche's impatience with Wagner's creations, dubbing his criticisms however, 'a masked panegyric'.

With Nietzsche's critical attitude he contrasts the warm appreciation of Baudelaire. He says in speaking of The Ring: 'It is a pregnant complex, gleaming up from the unconscious, of mother-fixation, sexual desire, and fear—the fear of the myth, I mean, that Siegfried wanted so to feel; a complex which displays Wagner the psychologist in remarkable intuitive agreement with another typical son of the nineteenth century, the psychoanalyst Sigmund Freud.'

Though he objects to Wagner's theory that the adding up of all arts is the only true art, he admits that his genius lies in a dramatic synthesis of the arts. At the same time he offers the criticism that the component parts of Wagner's syntheses 'breathe something irregular and overgrown'. Wagner's great contribution, he avers, lay in his salvaging of the opera in its then moribund state through the introduction of the myth.

In referring to certain psychological aspects of Wagner's make-up he reminds us that Wagner recognized his art and his delicate constitution to be one and the same thing, and that on one occasion he visited a hydropathic establishment in the hope of attaining 'the kind of health that would make it possible for me to get rid of art, the martyrdom of my life'.

Wagner's seriousness he considers to be artistic rather than intellectual, except where intellect served some artistic purpose. In him he finds another devotee of Schopenhauer. He stresses the union of intellectual and unconscious elements in his creative output.

In commenting on Wagner's Germanness he considers it national rather than of the people. He contrasts this Germanness with his European significance. He also notes the antithesis between Wagner's liking for reversion to the past, in utilizing settings of mythical or mediæval origin, and his great significance for the future. He concludes the essay with the following trenchant phrases: 'Let us be content to reverence Wagner's work as a mighty and manifold phenomenon of German and Western culture, which will always act as the profoundest stimulus to art and knowledge.'

In this small volume Thomas Mann has shown us what a deep insight a modern man of letters may acquire in the findings of modern psychology. In addition to giving vivid vignettes of two great figures outside the realm of psychology, he has depicted clearly

the relationship between his own creative field and that of psychological investigations, and has contributed a warmly critical appreciation of Freud. Last, but equally important, he has traced relationships in the thought and outlook of several great men of the last two centuries, and has shown clearly the rugged independence and isolation which attended Freud's early researches, at the same time pointing out the similarity of his empirical discoveries with the philosophical conclusions of other great thinkers.

JOHN A. P. MILLET (NEW YORK)

STUDIES IN SIBLING RIVALRY. By David M. Levy, M.D. New York: The American Orthopsychiatric Association, 1937. 96 pp.

This monograph deserves the critical attention of the psychoanalyst first as a methodological excursion by a psychoanalyst into the field of experimental psychopathology and second as a contribution to our knowledge of primary impulses, their various forms of expression, and the development of the inevitable defense formations that modify these expressions.

Many of us who are acquainted with Dr. Levy's contributions to child psychiatry and child guidance, know that for a long time he has been occupied with the study of methods for investigating the emotional life of children, methods that would closely approximate the basic requirements of scientific procedure. His Studies in Sibling Rivalry seem to be an achievement of this goal. A pioneer work, it may be an answer to the challenges of such psychologists as Kurt Lewin, J. F. Brown and others, who lament the fact that psychoanalysts lack an experimental method and an adequate criticism of their data. Dr. Levy's study utilizes the experimental method and at the same time avoids the common error of prejudicing the actions of the child patient with psychoanalytic theory. The author states: 'the stimulus of psychoanalytic experience is apparent in the type of investigation and in evaluating the significance of every detail' but 'the meaning of the acts, as explained in the texts, is derived from the repeated sequences'.

The strict adherence to observation and recording of words and actions gives the findings their usefulness. One gains for the most part by the absence of symbolic interpretations. Occasionally, however, as in a case (p. 90), it does seem that understanding would be enhanced by interpreting an act instead of taking it literally. To illustrate: A child destroyed a doll representing to her her

mother and went from the analyst's office, leaving the dismembered doll lying around. She returned with bits of wood with which to build a house. In the summary of this case the author had no example to place under the heading Restitution. The act of making nipples after destroying the breasts was placed there as a questionable act of restitution. It would seem that the latter act and the building of the house are both quite clearly attempts at restitution.

The subject matter of the investigation is the study of patterns of hostility in situations of sibling rivalry, 'a situation engendering especially a tendency to attack'. In a truly scientific manner, Dr. Levy proceeds to isolate these hostile impulses in an experimentally created situation of sibling rivalry. Just as in a bacteriological laboratory one prepares a culture medium in which certain bacteria are known to thrive, so Dr. Levy reproduces life situations in his office with the help of small toys. For instance a child is shown a toy representation of an older child observing a baby sibling at his mother's breast. The child's responses to this situation are recorded after the experimenter gave the stimulus words 'the mother must feed the baby'—a stimulus which is the deepest provocation to hostile rivalry. In another group the children were exposed to further stimuli which activated the hostility more directly, analogous in a sense to an optimum temperature for the growth of certain types of bacteria. Such phrases were used as, 'the nerve of that baby at my mother's breast', later replaced by, 'that nasty, nasty baby at my mother's breast', 'go ahead' and 'don't be afraid'. The child in each instance was permitted in play during the experiment to abreact hostile feelings that expressed or grew out of feelings of rivalry. The responses in words and actions were then recorded, studied, carefully tabulated and interpreted. The material is presented in two papers. The first paper discusses the subject in general terms and reports experiments with ten children between the ages of five and thirteen. The second paper studies in much greater detail the responses of twelve children between three and four years of age and gives us a picture of the very early expressions of hostility and defense mechanisms. This paper has many useful tables and appended is a detailed record of the experiments with the twelve children.

The observations in the first paper are summarized and tabulated into four types of primitive patterns and modifications of

these four patterns. This tabulation which Dr. Levy is careful to call a tentative summary of a study just begun, is like all classifications, useful but in need of revisions. It would seem that patterns one and two, called Primitive Hostility (direct attack on mother, baby or breast), and Possession, Possessive Hostility (taking away the baby and breasts), seem certainly to be primitive responses in the sense of a primary response, if that is what is meant by primitive. Pattern three, Regression, which refers to the wish to be the baby at the mother's breast, is a non-aggressive primitive response (wish for security) which can be considered a regression only after a certain age. It is probably related causatively to the hostility toward the baby and mother. Pattern four, Self Punishment, which though primitive as the talion principle itself is spoken of as primary, is in the sibling rivalry situation a consequence of the wish to attack, and not primary.

In the modifications of the four patterns, we see not only elaborations of patterns depending on the age and development of the child but also reaction formations and defenses against aggressive impulses and the wish to be the baby.

The second paper is devoted to the detailed analysis of an experiment with twelve little children. Each child was given two to seven trials and the responses are recorded under seven descriptive headings. It would be both impossible and unjust to the material to attempt to abstract these data. One has to study the children's verbatim responses, their particular sequence, the similarity of trends in the repeated trials, the increasing release of aggression, the alternation of methods of defense and finally, behind these responses, their dynamic and economic significances. One can see here the manifold forms that aggression takes and the manifold means of allaying anxiety caused by these expressions of aggression. Although the defense formations are listed as such under heading six, Self Defense (justifications, denials, projection, etc.) defenses appear also under other headings as number five, Restitution. The very frequent fantasy of bringing the dead to life, undoing the evil, is indeed a very important defense against anxiety.

Of special interest is the development of mothering activities subsequent to or in lieu of an attack. Its relation to taking the baby away is an interesting one. (In the first paper, Possessive Hostility often leads to mothering.) Degrees of hostility may be ob-

served in this so-called maternal attitude. It may be entirely absent as in case four (p. 60). The effect of such patterns on the later maternal attitude is discussed by the author.

Dr. Levy's interpretations and comments are both brief and agreeably free from speculation. The present state of our knowledge of anxiety causes us to take exception to one interpretation of a child's first sleep disturbance which occurred after the first interview (p. 67). Dr. Levy interprets it as a '. . . release of anxiety previously repressed, now precipitated by experiencing in the play a situation out of which it had developed'. It would be more accurate to say, '. . . a release of anxiety resulting from the release of hostility previously repressed, now precipitated by etc.'.

The therapeutic value of the experiments, which is given some attention, is extremely interesting but perhaps the most difficult to discuss because the therapy was a by-product rather than the subject investigated. The children were exposed to too many incalculable factors that might have influenced them, to draw conclusions about therapeutic effects. The monograph definitely concentrates on methodology and early pattern formations.

LILLIAN MALCOVE (NEW YORK)

PERSONALITY AND THE CULTURAL PATTERN. By James S. Plant, M.D. New York: Commonwealth Fund, 1937. 414 pp.

The title of this book promises the reader a discussion on the timely subject of culture and personality, but the book itself leaves the reader worn and irritated. Drawing from experiences in a juvenile clinic, the author permits himself excursions into a field in which he has inadequate preparation. He brings to his task a series of amorphous, poorly wrought and antiquated working principles, together with an unusual confidence in them and in the ignorance of the reader.

With regard to his working ideas, we can let the author speak for himself. He has a way of inventing new words to convey familiar meanings; for example, for the word 'security' he uses the word 'belongingness'. Introversion and extraversion apparently occupy a high place in his armamentarium of working ideas. 'All babies, [even in New England], are extraverted. If you stick a pin into a baby it immediately sets up a howl!' (p. 114.) Apparently an introvert would not howl. So much for extraversion! As for dynamics, Dr. Plant seems to believe that lack of opportunities for

physical expansion in children causes traumatic introversion. 'All our western civilizations have in their infancy been extraverted in character. When individuals hated, they killed. When they loved, they captured, even if this meant a war of epic proportions.' (p. 117.) . . . 'A vigorous and young civilization is extraverted. As it develops it blocks and delays direct expression until that time comes when the rising tide of introverted temperament overcomes the more healthy extraversion and the structure is ready to fall of its own weight.' (p. 118.)

There is an endless amount of this kind of blather. It reads like a home-made psychiatry written by one who has been out of touch with the real events in the psychiatric world for the past thirty years. With rather crude weapons Dr. Plant undertakes a rather cavalier criticism of modern psychiatry, including psychoanalysis, and seems to regret that ever he was born to set it right. His protestations against psychiatry are couched in irate clichés and though the author constantly promises an integrated and meaningful whole, he never redeems his promise.

Notwithstanding all this, the author shows some feeling for the right factors to be dealt with in a social psychology. The book contains some good, homely and familiar platitudes about the individual, society, and the world in general.

A. KARDINER (NEW YORK)

THE COMMON NEUROSES OF CHILDREN AND ADULTS. By O. Spurgeon English and Gerald H. J. Pearson. New York: W. W. Norton, 1937. 315 pp.

There has been a great need for a psychiatric textbook written in structural rather than in purely descriptive terms for medical students and general practitioners. The usual psychiatric textbooks confine themselves to an enumeration and classification of pathological emotional states, illustrated by case material, and discussed from the point of view of differential diagnosis in terms which deal only with the psychiatric nomenclature. The effect upon the non-psychiatrically minded reader is generally to confuse him with the intricacies of the psychiatric jargon, without adding to his understanding of the etiological factors which underlie mental disturbances, and without which the clinical entities can have little meaning for him. Why the patient fell ill of one disease rather than of another, and what significance various symptoms may have, remain as incomprehensible as before.

Doctors English and Pearson cannot be too highly commended for writing a book which deals with the dynamic concepts involved in normal and pathological emotional states. They trace the normal emotional development of the child, and discuss pathology by trying to show in each instance how the deviation occurred. The first four chapters deal with what might be called emotional physiology and its development from early infancy. They constitute a well organized summary of this subject as presented in the psychoanalytic literature. Although such terms as ego, superego, id, genitalization, and incorporation are defined, it is perhaps taking a little too much for granted that the subsequent use of these words will be entirely understood by the reader. Throughout the remainder of the book the question arises whether the simple use of ordinary words might not make the content clearer than technical terms are able to do, particularly as the latter carry theoretical implications which necessarily fall outside the scope of an elementary book, but without which their real meaning cannot be grasped.

The Common Neuroses of Childhood (Part II) is a very clarifying account of the disorders of children. This section is well illustrated by pertinent case material. There is a tendency to overclassify and consequently to over-simplify complex situations. In so far as psychoanalysis is frequently recommended, it is a pity that there is no short explanation of the technique of child analysis as distinct from adult psychoanalysis.

The Common Neuroses of Adults (Part III) is perhaps the least satisfactory because the explanation of mechanisms, while quite clear to those conversant with the material, is too condensed and often too general. This leads to assertions which are open to question, such as that hysterical and compulsive patients often speak of suicide but rarely carry out their threats. The explanation of the psychoanalytic procedure is not elucidating and, though the reader is referred to Dr. Kubie's book for further details, it is the feeling of the reviewer that a better description of the use of free associations and a clearer picture of the nature of transference phenomena would have been helpful.

On the whole, this book has a much more definite value for medical students and psychiatric nurses than most of the current textbooks and should prove to be very helpful to physicians interested in the psychiatric approach to medicine.

BETTINA WARBURG (NEW YORK)

PSYCHIATRIC NURSING. By William S. Sadler, M.D., in collaboration with Lena K. Sadler, M.D., and Anna B. Kellogg, R.N. St. Louis: The C. V. Mosby Co., 1937. 396 pp.

In sharp contrast to Doctors English's and Pearson's book (reviewed above), this volume contributes little but adds to the general confusion of classification and descriptive terminology. The tone is sanctimonious; patients are referred to as 'unfortunate individuals' who 'misbehave and have absurd urges'. 'Human beings probably never attain their possibilities for good, neither do they reach the depths of degradation to which they might sink.' It is the function of physicians and nurses to substitute 'good' for 'bad' ideas and actions. There is an abundance of such definitions as: '*Hate* and *revenge* are twin demons which, together with their nefarious offspring, scorn and contempt, do so much to wreck human happiness and produce the sorrow of the world'; or '*altruism*—a superemotion, sometimes amounting to an urge, which leads towards the practice of the Golden Rule'. In discussing conscious conflicts, we find the statement, 'Again, many conflicts which originate in the subconscious subsequently are manifested in all their hideousness in the full light of the individual's consciousness. It is probable that fully one-half of the psychic patients outside of institutions are quite well acquainted with the character of their principal difficulties and have a fairly clear idea of the causes of these troubles.' The quotation speaks for itself and requires no comment other than that it is only one of a great many others of its kind which occur throughout the book. For instance: '*Zoophobia*—This fear is entertained by a great many supposedly brave people. When it assumes obsessional magnitude, as that of snakes, mice, or spiders sometimes does, it should be vigorously combated, just as should the silly and ridiculous fear of cats—*ailurophobia*—which sometimes so affects people that they cannot wear furs.' The therapeutic approach to such a situation is '*Ridicule is the master cure of fear.* Make a joke out of his fears if this can be done without hurting his feelings, but do not ridicule the patient. Teach him to experience fear without being afraid'.

There are very few clinical illustrations of any kind and the student is expected to take all assertions on faith. A great deal of emphasis is laid upon heredity and very little on the 'subconscious'. There is a distinct antagonism to all things Freudian.

The psychiatric tenor of the whole book is more that of 1917 than of 1937.

Nurses are instructed always to be cheerful and tactful, to cultivate a sense of humor, to be firm without being punitive or assertive, and not to '*project their own faults* onto the patient and thus become unduly resentful of his behavior'. They are also warned that their own early development may influence their attitudes toward patients and that they may be gratifying their own neurotic wishes at the patient's expense. 'They must rid themselves of all these buried memories and thus equip themselves to be really efficient and truly intelligent in their chosen work'—as though this could be accomplished by mere determination and willingness to do so. 'Introverts must learn to be more expressive and to show more enthusiasm and interest in their work.'

A great deal of the technical nursing advice is sound, but in no way new. The book contributes little as compared to other similar volumes. The student nurse could not help getting lost on a sea of terminology, for which she has not been given even adequate elementary charts.

BETTINA WARBURG (NEW YORK)

PSYCHO-PHYSICAL REACTIONS OF THE VASCULAR SYSTEM TO INFLUENCE OF LIGHT AND TO IMPRESSIONS GAINED THROUGH LIGHT. By Felix Deutsch, M.D. Folia Clinica Orientalia, Vol. I, Fasc. 3 and 4, 1937. (In two parts)

After mentioning the biological action of light rays in which measurable organic changes of the body stand in certain relationship to the influence of light ('light-influence'), the author goes into a detailed analysis of another effect of light, studied hitherto to a lesser degree, that of the psychic impression gained through light, to which he refers as 'light-impression'.

A report is presented on clinical investigations which aim to demonstrate a relationship between this kind of light effect and nervous vascular reactions in individuals in whom a special type of vasomotor reaction had been previously recognized. Besides subjective disturbances of a psychic order, objective changes referable to the vascular system, and changes in pulse frequency and rhythm as well as fluctuations in blood pressure, are objective expressions of the psychically influencing factors. Subjects for these investigations were chosen from among patients who presented con-

ditions of hypertension of nervous origin or had disturbances in cardiac rhythm, such as tachycardia or extrasystoles. During the period of investigation all other therapeutic measures which might have affected the vascular system were abandoned.

Out of his experiments with green and red illumination the author draws the following conclusions: (1) Colored illumination brings about a reflex influence upon the vascular system by way of psychic effects. (2) The effect created is not specific for a color, inasmuch as the 'warm' colors may be tonus inhibiting, and the 'cold' colors may exert an influence to increase tonus. The direct opposite may also occur. (3) Irradiation with red light as well as with green light may produce an elevation of blood pressure and a quickening of the pulse rate or a fall in blood pressure and slowing of the pulse may be observed. (4) The emotional excitements which are resolved through the irradiation usually can be traced back to experiences which have been associated with light impressions.

The reaction to the impression created through the colors and their effect upon the psyche may be successfully utilized as a therapeutic measure.

AUTHOR'S ABSTRACT

DYNAMIC CAUSES OF JUVENILE CRIME. By Nathaniel D. M. Hirsch, Ph.D. Cambridge, Mass.: Sci-Art Publishers, 1937. 245 pp.

In the first part of the book Dr. Hirsch discusses 'the multiple factors producing individual juvenile delinquents'. He assumes these to be heredity and environment, accidental causation and genius. He has a special chapter on the incidence of enuresis in the cases that came under his observation. The second half of the book consists of case records, with a short chapter on suggestions as to methods of dealing with the problem of juvenile crime.

Impressive features of the book are the detailed and careful compilation of factual and psychological data at the author's disposal, and the breadth of the author's approach to his subject. He makes a determined effort to define and clarify such working concepts as heredity and environment and he offers eight laws regarding the interrelations between these two factors; yet his discussion remains more or less general and he does not establish definite and tangible criteria as to the application of these laws in specific cases. Most tangible are the causes grouped under acci-

dental causation (e.g. encephalitis). 'Genius' seems to be a dubious term for the fourth factor that the author lists. By it he refers to the attitudes, stresses and strains that pervade the whole mode of living and outlook of individuals, to the environment in which the juvenile criminal lives. He then assumes that 'the great men' ('genius') ought to alter these factors by their leadership.

There is no attempt made in the book to work out and illustrate how the various factors operate 'dynamically'. The reader is left to draw his own conclusions from the data given.

BELA MITTELMANN (NEW YORK)

EDUCATION FOR SOCIAL WORK. A Sociological Interpretation based on an International Survey. By Alice Salomon. Zürich: Verlag für Recht und Gesellschaft, A. G.: Leipzig, 1937. 264 pp.

Dr. Salomon, whom many Americans have met during her visits to this country in the past several years, presents in this book her findings based on an international survey of schools of social work and institutions giving courses in that subject. Her work was made possible by the Russell Sage Foundation and contains data up to the first quarter of 1936. The book was printed in Germany.

If readers expect from the title any considerable discussion of the content of social work courses they will be quite disappointed. What Dr. Salomon has done, and done with painstaking thoroughness, is to present us with a compilation from school reports and catalogues of the courses offered by each, giving at the same time a descriptive background of the nations in which the schools operate. She has briefly commented upon the social and economic structure, the trends of family and group life, attitudes of government toward social problems, so that the reader may evaluate for himself the training offered in relation to the needs of the countries. The author states that 'she has endeavored to abstain from valuation or criticism' but the impossibility of this endeavor is evident.

The sections dealing with Great Britain, France, Germany, Belgium and the United States are more richly filled with interesting material than the others due, of course, to the fact that the author had spent more time in personal visits to these countries.

The book will have a limited usefulness and perhaps be of most interest to members of administrative staffs of schools of social work for comparisons with what is being done elsewhere.

ELISABETH BROCKETT BECH (NEW YORK)

THE PSYCHOLOGY OF SELECTING EMPLOYEES. By Donald A. Laird, Ph.D., Sci.D. New York: McGraw-Hill Book Company, 1937. 311 pp.

The reader will be able to obtain a fair summary of Dr. Laird's book from his own statement on the first page: 'Psychology is now reaching the point where it is also possible to have ratings of the capacities and stamina of the human beings engaged in business.' He had previously made reference to the fact that the capacities of mechanical equipment are judged by ratings made by engineers. His own assurance and belief in the devices of the psychological laboratory, his repeated emphasis on the 'scientific method of selecting employees' and his implied promise that by the use of such methods the worker will engage in the work best suited to him and the employer will have less trouble with his staff, all make one skeptical.

With the emphasis upon the need for care in selecting employees there can be no quarrel, and his plea for a better understanding of applicants on the part of those in employment offices is extremely timely. But exception can and should be taken to his methods around and through which the complexities of the human being escape. The book is from the pen of a classroom teacher who aims to give 'a technical account in a non-technical way of the fundamental considerations in selecting men'. It will not prove to be a practical tool for the employer who will be confused by the very numerous charts, graphs, statistical tables and pictures. It will, perhaps, be more widely read by psychologists and students who are interested in claiming for psychology the rank of a science and who expect from it more than it can possibly measure up to at the present time.

ELISABETH BROCKETT BECH (NEW YORK)

EMOTIONAL HYGIENE, THE ART OF UNDERSTANDING. By Camilla M. Anderson, M.D. Philadelphia: J. B. Lippincott Company, 1937. 232 pp.

Dr. Anderson has written a simple, clear book designed primarily for nurses. It is a book which is intended to bear a message. In a prologue she states that it is 'written of the souls of men' . . . 'a mirror that on the bases of reflection therein, we may be stimulated further to perfect the comeliness of our lives' and through it . . . 'acquire facility in the training of our own children who

will in turn bequeath the legacy of understanding, rather than judging'.

The original purpose of the book has been greatly extended. On the dust cover is stated, rather unfortunately, 'Whatever your station in life, your sex or your profession—you will find that Dr. Anderson has had you especially in mind as she has written this book.' It has a short introduction by Dr. Ross McC. Chapman, a biblical quotation and a preface. It is divided into three parts: (1) The Biologic and Social Basis of Behavior. (2) Personality and Adjustment. (3) The Emotions in Relation to Special Fields. There is a glossary and a bibliography. It is illustrated by a series of noseless cartoons by Dorothy G. Stevenson.

In part one the author at least mentions everything. She borrows bits from the theories of many authors. It provides a readable if heterogeneous mixture. Only in the bibliography are the sources given. Body build is stressed as an aid to diagnosis. The difficulties of the child in breaking away from the parents receives considerable attention. One chapter heading is 'Father Competition or the Œdipus Complex'. The mother's attempt to dominate the child is explained as the mother's need for being important and her love for power. In this section the author discusses masturbation and homosexuality without prejudice. The need for an adequate heterosexual adjustment is stressed.

In the second section there is much sound advice to to how to meet such problems as homesickness, overwork, finances, dismissal. Special stress is placed on reactions to love affairs. Sex life is discussed in terms of masturbation, homosexuality, and heterosexual contacts. She tries to be reassuring as to the future of anyone caught up in sexual conflicts. But there are warnings of possible danger. Thus under masturbation she lists three outstanding dangers associated with protraction of the habit. 'The ease of accomplishment leads to excessive indulgence with possible physical repercussions.' 'A pattern may be established which is difficult to overcome or change even after marriage.' 'There is frequently a tendency to guilty feelings concerning the practice and these are not conducive to health.' As for homosexuality she encourages those unwittingly drawn into it 'not to be hindered from taking their place in the procession headed toward emotional maturity'. For advice on heterosexual contacts, 'your conscience, your own censor, is the very best guide'. There is a discussion of relations

to patients, relatives, colleagues, staff, environment, emergencies, and death.

In the third part, 'The Emotions in Relation to Special Fields', there are short discussions of psychiatric nursing, the public health nurse, the school nurse, the winged nurse, and the nurse as a witness.

The book has the advantage of clarity, brevity, the avoidance of special pleading and the inclusion of a discussion of phases of the sexual problem seldom discussed so unambiguously in a non-technical book. The chief defects of the book stem from its over-emphasis on dangers. It seems likely that an average parent reading the book would find his or her own deep seated fears confirmed rather than allayed. The author is well aware of the inadequacy of advice or of mere intellectual understanding in deep seated personality problems. For such she stresses the availability of psychiatric assistance.

RICHARD L. FRANK (NEW YORK)

EMOTIONAL ADJUSTMENT IN MARRIAGE. By Le Mon Clark, M.D. St. Louis: C. V. Mosby Co., 1937. 253 pp.

By far the most important feature of this book is the profession of its author. It is a commonplace that physicians, and those in particular who have the opportunity to deal most closely with sexual problems (gynecologists, obstetricians and genito-urinary specialists) are among the most ignorant, conservative, prudish and moralistic members of society in their attitudes toward sex. It is therefore cheering indeed when Dr. Clark, an obstetrician and gynecologist from the University of Illinois Medical College, writes an enlightened and frank book on the necessary and often difficult adjustments of the marriage relationship. His book is for the 'normal individual' and the general medical practitioner and may be read with benefit by both. The author's stress on the widespread ills, both physical and mental, connected with unrecognized sexual disorders and his emphasis on the need for physicians to educate themselves in this field is most praiseworthy. The sections of the book which deal with the relief of minor sexual difficulties and the importance of seeking medical aid when the maladjustments are severe or prolonged are excellent, if a trifle sentimental. However when the author goes farther afield into the explanation of emotional processes, it is obvious that he has a very superficial and

often faulty comprehension of psychological mechanisms. Like many people who are acquainted with Freud's teachings at second or third hand, he is confused about the theory of the neuroses and the relation of repression to it. The following two statements in his discussion of repression, are examples of his confusion: 'The truly happy man is one who is without repression of any kind.' 'So long as we live in society . . . we must conform to the accepted principles of time and place.'

The chapter on frigidity and the section on homosexuality are particularly misleading in their attempted scientific explanations. Yet, here again, we must give Dr. Clark credit for an unusually liberal attitude. Two chapters are devoted to a very adequate discussion of contraceptive measures and the book ends with excellent advice on premarital consultations with the family physician and an open-minded discussion of divorce.

SUSANNA S. HAIGH (NEW YORK)

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ROBERT WÄLDER: The Problem of the Genesis of Psychical Conflicts in Earliest Infancy.

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EDUARD HITSCHMANN: Bemerkungen über Platzangst und andere neurotische Angstzustände *(Remarks about Agoraphobia and Other Neurotic States of Anxiety).*

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J. H. VAN DER HOOP: Die Objektivität des Analytikers *(The Objectivity of the Analyst).*

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RENÉ SPITZ: Familienneurose und neurotische Familie *(Family Neurosis and the Neurotic Family).*

RODOLPHE LOEWENSTEIN: Bemerkungen zur Theorie des therapeutischen Vorgangs der Psychoanalyse *(Observations on the Theory of the Therapeutic Proceeding in Psychoanalysis).*

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EDMUND BERGLER: 'Jemanden ablehnen'—'Jemanden bejahen' *('To Reject Someone'—'To Approve of Someone').*

C. M. VERSTEEG-SOLLEVELD: Das Wiegenlied *(The Cradle Song).*

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W. BISCHLER: Psychologie et Psychologies, Théories et Méthodes *(Psychology and Psychologies, Theories and Methods).*

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E. SERVADIO: Come si svolge un trattamento psicoanalitico *(How a Psychoanalytic Treatment Runs Its Course).*

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TOKIO SAITO: Kindheit und Charakter Bashos, des Dichters *(Childhood and Character of Basho, the Poet).*

RYU KITAYAMA: Zur analytischen Lebensgeschichte Soseki Natumes *(On the Analytic Life History of Soseki Natumes).*

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TADAYA TAKEDA: Literaturwissenschaft und Psychoanalyse (Muschg) *(Literary Studies and Psychoanalysis [Muschg]).*

HIROKO IWAKURA: Die Schöne Knabenfüsse *(The Beautiful Feet of Boys).*

TOMOHIDE IWAKURA: Daughters of the Late Colonel (Mansfield).

SEIYA HASEGAWA: Über Queen Mab in Shakespeare *(On Shakespeare's Queen Mab).*

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SIGEAKI TUKAZAKI: Über Die 'ewige Maske' *(On the 'Eternal Mask').*

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Vol. V, Number 6, November-December, 1937.

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HISAO KURAHASI: Über die 'Karotte' von J. Renard *(On the 'Carotte' of J. Renard).*

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KENJI OHTSKI: Die Säuglingsseele und die Kinderseele *(The Psyche of the Infant and the Child).*

NOTES

AMERICAN PSYCHOANALYTIC ASSOCIATION. Under the Chairmanship of the retiring President, Dr. Isador H. Coriat, the executive session of the American Psychoanalytic Association was held in Washington, D. C., on December 28, 1937. The following officers were elected: President: Dr. Franz Alexander, Chicago; Vice President: Dr. Lewis B. Hill, Washington-Baltimore; Secretary: Dr. Lawrence S. Kubie, New York; Treasurer: Dr. M. Ralph Kaufman, Boston; Representative on the International Training Committee: Dr. Helene Deutsch, Boston. Ratification was given to an action of the Council on Professional Training whereby a special subcommittee of the Council was appointed to formulate minimal standards for professional training applicable to all of the American societies. This committee consisted of: Dr. Lawrence S. Kubie, Chairman, Dr. M. Ralph Kaufman, Dr. Thomas M. French, Dr. Lewis B. Hill, Dr. George E. Daniels. Ratification was also given to the appointment of a special committee to study in detail the relationship of the American societies to the International Psychoanalytic Society, this committee consisting of Drs. Kubie, Kaufman, French, Rado, and Hill. At the Scientific Sessions the following papers were read: Significance of the Preservation of Reality Situations in Depersonalization States by C. P. Oberndorf, M.D., New York City; Influences of the Environment and Adaptation to Reality in Early Infancy by Theresa Benedek, M.D., Chicago; Psychoanalysis and the General Hospital by H. Flanders Dunbar, M.D., New York City; Pain as a Psychosomatic Problem by Felix Deutsch, M.D., Boston; The Psychoanalytic Study of a Case of Chronic Exudative Dermatitis by Leo Bartemeier, M.D., Detroit; Poetry Production as an Emergency Defense of Anxiety by H. Levey, M.D., Chicago; A Genetic Study of the Relation of Humor to Masochism by Lucille Dooley, M.D., Washington; Premature Birth as a Factor in Development of a Paranoid Depressive Mechanism by Lucia Tower, M.D., Chicago; Modifications of Instinctual Patterns in Reaction to Opportunity and Frustration by Thomas M. French, M.D., Chicago. The evening session on December 27th was devoted to a discussion of schizophrenia at an informal Round Table. The discussants were: Drs. Kaufman, Sullivan, Alexander, Kubie, Zilboorg, Tidd, Rado, Hendrick, Kempf, and Thompson.

THE INTERNATIONAL PSYCHOANALYTIC ASSOCIATION will hold its biennial meeting in Paris, France, on August 1, 1938.

THE CHICAGO INSTITUTE FOR PSYCHOANALYSIS has issued a Five-Year Report 1932–1937 of its activities. In addition to its work in professional training, the Institute has been active in coöperating with groups of physicians, psychiatrists, psychiatric social workers and teachers. It has engaged in several research projects fruitful in valuable contributions to the understanding of psychosomatic interrelationships. These have included studies of psychogenic factors

in gastro-intestinal disturbances, psychic influences on respiration, emotional influences in bronchial asthma and in cardio-vascular disturbances; isolated observations upon psychic factors in epilepsies and endocrine disturbances, and a study of the rôle of emotional factors in some cases of common colds. In addition, there have been begun studies on electroencephalograms and personality, and in child analysis. The Institute has a new research project on the relation of psychological processes and endocrine functions. It has also undertaken a special study of suicide under the auspices of the Committee for the Study of Suicide. The focus of attention of the group has by no means been limited to the body-mind relationships. Considerable attention has been given to the relation of the individual to the social group embodied in papers on the sociological implications of psychoanalysis and in contributions to criminology.

THE WASHINGTON-BALTIMORE PSYCHOANALYTIC SOCIETY met at 8:30 on Saturday, February 12th at the Shoreham Hotel, Washington. A Round Table discussion of Interpretation was participated in by Drs. Chassell, Dooley, Fromm-Reichmann, Hadley, Hill, Silverberg, Sullivan.

THE MENNINGER CLINIC in Topeka, Kansas, has announced a psychoanalytic case seminar conducted by Karl A. Menninger, a seminar on Dreams, Their Structure and Interpretation, by Robert P. Knight, and a seminar on the Writings of Freud by Charles W. Tidd. In addition, there is a seminar devoted to general topics of a psychoanalytic nature to which are invited members of the general medical profession and laymen who are interested in the subject.

THE COMMITTEE FOR THE STUDY OF SUICIDE has issued an annual report 1936–1937 of its activities. At the Psychopathic Hospital of the University of Colorado, under the direction of Dr. Franklin G. Ebaugh, Dr. John Benjamin has continued his psychoanalytic studies of suicidal patients and also his observations in connection with the Rorschach test. The Rorschach test was performed on all of the cases. Thus far the test seems to suggest that differential diagnostic criteria might be established between suicidal fantasies which remain fantasies and those developing into suicidal drives. Members of the staff of the Institute for Psychoanalysis in Chicago, under the direction of Dr. Franz Alexander, are continuing psychoanalytic studies of six patients suffering from suicidal drives. In the Bellevue Hospital in New York City, 1,354 suicidal patients have been seen, of which approximately 27 were studied in particular detail, from the standpoint of psychological and social background as well as of the developmental history of the mental illness. This work is under the general direction of Dr. Karl M. Bowman, Director of the Psychiatric Division of the Hospital; Dr. Nathaniel Ross conducts the work with a staff consisting of a social worker, two secretaries and Dr. Bettina Warburg of the Committee. Work was begun at McLean Hospital on September 15, 1937, with the coöperation of Dr. Franklin Wood, the Medical Director, and Drs. Kenneth Tillotson,

John Whitehorn, and M. Ralph Kaufman, the latter in his capacity as a psychoanalyst. A preliminary survey by members of the staff indicates that of 154 patients available for study, thirty have made suicidal attempts, either at the hospital or elsewhere, and twenty-six suicidal threats; thus approximately one-third of the patients reviewed will come to the attention of the research staff. Dr. Kaufman has begun psychoanalysis of two patients and will take on more as his time permits. At the Payne Whitney Psychiatric Clinic of the New York Hospital, research was begun in July 1937. Dr. Valer Barbu was appointed to do the work under the supervision of Dr. Gerald R. Jameison. The anthropological studies which Dr. George Devereux, then of the University of California, started at the end of last year has been completed. A written study of suicide among the Mohave Indians is now in the hands of the Committee. He is at present organizing his material on suicide among the Moi in Indo-China.

THE JOSIAH MACY, JR. FOUNDATION has issued a Six Year Review 1930–1936. In the definition of its program it is stated: 'The patient as an individual has always been the focus of the arts of healing. At times the clarity of this conception has been obscured by the very technical progress in medicine, as notably during the last fifty years when the bewildering array of new data and new methods of diagnosis, new materials and devices for treatment issued from the highly specialized research in pathology, bacteriology, biochemistry and radiology. These additions to medical knowledge and equipment have resulted in brilliant successes in somatic medicine and in surgery; but inevitably they have shifted the attention of the physician more and more from the patient as an individual to the disease as an entity, or to some particular organ or tissue as the seat of the disease. No doubt further advances will be achieved through the somatic approach, especially since investigators are now giving more attention to systemic factors, to chemical interrelationships among organs and organ systems, involving hormones, vitamins and other chemical agents, and to the recently discovered bioelectric phenomena of somatic processes. Thus medicine is coming more clearly to recognize the individual, with his inherited and unique development and responses as a somatic unity. At the same time medicine is realizing that this purely somatic approach is incomplete and especially inadequate in the diagnosis and therapy of the more highly differentiated functions.' In the Report of Activities it is gratifying to learn to what extent the Foundation has given its support to the study of psychosomatic problems: 'Pavlov's conditioned reflex, the experimental attitude and method in psychological research, the integrating principle of the Gestalt theory, Cannon's "homeostasis", the ablation experiments revealing the neural basis for emotional expression, recent discoveries of elaborate structural connections between the parts of the brain which underlie the functional interdependence of mental and bodily processes, the cumulative evidence that emotion dynamically affects the equilibrium of interrelated organ systems—these have been the steps which lead to the modern view of interaction between the total organism and its environment. Psychoanalytic studies, recently reinforced by very significant observations on children, have

called attention to the persistent interrelationships between emotion, bodily functions and personality development—relationships the more significant and compelling because they are established so early in life that they rarely enter the conscious awareness of the individual. From such studies has come, also, the recognition that the fulfillment of *affective* needs is of fundamental importance for the healthy development of the personality, not only in parent-child and marital adjustment, but throughout the entire life-span.' 'In 1931 the Foundation initiated a survey of the world's literature on the relation of emotion to disease, which led to the publication in 1935 of the volume, "Emotion and Bodily Changes" by Dr. H. Flanders Dunbar. With the background of this survey a psychosomatic study of groups of patients suffering from cardiovascular disturbances, from fractures, and from diabetes was supported by the Foundation at Columbia University, College of Physicians and Surgeons, Department of Practice of Medicine, with the coöperation of the Departments of Psychiatry and Surgery.'